DOCUMENT RESUME

ED 201 155 EC 132 587

AUTHOR	Espinosa, Linda M.
TITLE	Early Childhood State Implementation Grant. Final Report.
INSTITUTION	Washington Office of the State Superintendent of Public Instruction, Olympia.
BUREAU NO	444CH00004
PUB DATE	Nov 80
GRANT	G008002822
NOTE	97p.; Not available in paper copy due to print quality.
EDRS PRICE	MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	Agency Cooperation; *Disabilities; *Early Childhood Education; Handicap Identification; *State Programs; Technical Assistance
IDENTIFIERS	*Washington

ABSTRACT

The final report of the Washington State Early Childhood Implementation Grant briefly reports on goals, objectives, and accomplishments. The report presents objectives and accomplishments for the following goal areas: delivery of technical assistance to preschool handicapped programs, implementation of guidelines for preschool programs for the handicapped, interagency coordination, and Childfind. Almost the entire document consists of appendixes concerned with regional technical assistance centers, preschool program guidelines, early childhood task force membership and the special education advisory council, interagency agreements, and a Childfind update. (DB)

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FINAL REPORT

Early Childhood

State Implementation Grant

Washington State

November, 1980

Grant No. G008002822

Project No. 444CH00004

Submitted by:

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EC132587

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ACCOMPLISHMENTS FY 80

A. Delivery of Technical Assistance to Preschool Handicapped Programs

Goal: To continue the statewide system of Regional Technical Assistance Centers (RTAC) for preschool handicapped programs.

Objectives:	Accomplishments:
1. To relate technical assistance efforts to specific needs of local preschool programs.	1. Each of the five Regional Technical Assistance Centers completed a needs assessment by December 15, 1979. The results are included in Appendix I.
2. To provide technical assistance to preschool program staff.	2. Appendix I includes a listing of the dates, locations, and topics of the individualized technical assistance provided. A total of sixty-four early childhood special education programs requested and received technical assistance that resulted in more than 184 separate TA activities. The TA included small workshops, on-site consultation, and individualized assistance. The programs included Head Start Centers, Developmental Centers and School Districts. Appendix I also contains sample agenda and evaluation reports.
3. To evaluate the effects of the RTACs on preschool programs.	3. Appendix I contains a summary of the evaluation reports from the RTACs.
4. To maintain the coordination of statewide technical assistance	4. Each of the five RTAC training coordinators (Dr. Gene Edgar, University of Washington; Dr. Joan Dickerson, Eastern Washington University; Dr. Max Higbee, Western Washington University; Joan Dengerink, Washington State University; and Dr. Dale LeFevre, Central Washington University) participated on the Early Choldhood Task Force. The training coordinators met three times during the project year: December 1979, February, 1980 and June, 1980. The new needs assessment format and new ECE special education regulations were discussed and reviewed during these meetings

B. Implementation of Guidelines for Preschool Programs for the Handicapped.

Goals: To implement state guidelines for preschool special education programs.

Objectives:	Accomplishments:
1. To continue committee of parents and professionals to discuss and revise guidelines.	1. The guidelines have been reviewed and field-tested through the five RTACs, the Early Childhood Task Force, and the Special Education Advisory Council. The final revision of the guidelines has been completed and printed. (See Appendix II)
2. To reproduce 2,000 copies of guidelines.	2. To date over 1,000 copies of the guidelines have been printed and disseminated.
3. To provide technical assistance to preschool programs to facilitate their adoption of the guidelines.	3. The technical assistance has been provided through the RTACS to preschool special education programs. (See Appendix I)

C. Interagency Coordination

Objectives:	Accomplishments:
1. To continue the Early Childhood Task Force.	1. The Early Childhood Task Force met three times during the project. See membership list in Appendix III.
2. To develop three interagency agreements.	2. Two interagency agreements have been completed and signed, one with the Department of Social and Health Services and one with the Administration for Children, Youth and Families. (See Appendix IV). In addition a draft interagency agreement between OSPI and DSHS-Division of Mental Health is under consideration but is not available for distribution. The SIG project director is currently working with the staff of the single Portal Project and the University of Washington to further local interagency collaboration.
3. To develop teacher certification standards for teachers of young handicapped children.	3. As a result of a petition to the Washington State Board of Education, the State Board convened during September, 1980 to discuss early childhood education issues including teacher certification. The Board has recommended that OSPI fund a study to determine the status of ECE programs and the current needs. At the conslusion of the study OSPI will determine its policy on ECE and teacher certification standards. Proposed early childhood special education teacher competencies have been developed but are not available for distribution.

D. Childfind

Objectives:	Accomplishments:
1. Establish demographic procedures for estimating the handicapped population in a given catchment area.	1. The demographic procedures were developed and are included in the childfind update. (See Appendix V).
2. Collect data.	2. Data were collected and summarized in the Childfind Update.
3. Analyze data.	3. Data analysis procedures are included in the childfind update.
4. Develop specific childfind activities	4. Recommended childfind procedures are included in the updated manual.
5. Implement activities	5. The recommended activities are currently being implemented throughout the State of Washington.
6. Develop replication model.	6. The procedures will be replicated in a sample of districts during 1980-81.

APPENDIX I

Regional Technical Assistance Centers

UNIVERSITY OF WASHINGTON
SEATTLE, WASHINGTON 98195

Child Development & Mental Retardation Center
Experimental Education Unit

January 29, 1980

Dear Program Administrator:

The University of Washington Regional Technical Assistance Center is charged with the responsibility of providing training and other forms of assistance to programs serving or wishing to serve preschool-age handicapped children. In January, we notified your program of Parent Involvement Workshop to be held February 5 in the South Seattle area. Response to that workshop has been enthusiastic. Several programs south of Tacoma have indicated that they would be more available if a workshop were held in the Olympia area. Therefore, we are conducting a second Parent Involvement Workshop at the Olympia Public Schools Administrative Services Center, 1113 East Legion Way, from 2:00 - 5:00 p.m. on FEBRUARY 26, 1980.

The three hour session will be devoted to the subject of individualizing assistance to parents based on the parent's perceived needs and the ability of each program to provide assistance. Most of the time will be spent in very small groups with a group leader who will help you plan productive interactions with parents tailored to your specific program. To accomplish this degree of individualization to programs within the space of three hours will require some previous homework on the part of participants attending the workshop.

Therefore, if your program is interested in participating in the workshop, please call or write the RTAC BEFORE FEBRUARY 12, 1980. We will then mail you a self-study questionnaire for you to review with your staff before the workshop. We will also send you a copy of the basic document we will be using during the workshop: "Individualizing Parent Involvement," a publication of WESTAR. In this way, workshop attendees will be prepared to discuss their programs' unique strengths and to work with the group leader to improve parent involvement activities. Knowing how many programs will be attending will also help us plan for enough group leaders to keep groups small.

If the date or time of the workshop is inconvenient, please let us know and we will try to reschedule a meeting with you.

Sincerely,

Tracy R.A. Singer

Tracy R. A. Singer
RTAC Coordinator
(206) 543-4011 Ext. 241

Regional Technical Assistance Center - UW

SELF-STUDY QUESTIONNAIRE

PARENT INVOLVEMENT ACTIVITIES

1. How many potential parents/families could your program serve?

2. What Parent Involvement activities do you currently engage in? Do you try to involve all parents in all of these activities?

3. Who is responsible for conducting Parent Involvement in your program?

4. Are your Parent Involvement activity procedures written down so that all staff, etc. may read them?

5. What would you <u>like</u> to do to increase or expand your Parent Involvement? (in terms of outcomes, please). Examples might be to teach parents to be teachers, to have all parents observe regularly in the classroom, etc.

6. What resources do you presently have to increase Parent Involvement? (include staff resources, time, materials, travel, etc.)

7. What are the barriers to success in your present Parent Involvement activities? What are the barriers to success in proposed Parent Involvement activities?

Please bring this worksheet with you.

TABLE I

RTAC Training/Technical Assistance Activities 1979-1980

PROGRAM	STATED NEED		TA ACTIVITY	TA NEED MET
Bainbridge Island School District	ADMIN	Consult about Title VI-B grant	telephone call	yes
Clallam County Day Training Port Angeles	PROG	Develop a birth-3 curriculum and evaluation system	no longer a need	N/A
	FAM	Information about Parent Involvement Workshop	workshop	yes
	FAM	Evaluate present parent training program, offer suggestions	workshop	yes
	COMM	Assist in the development of a community resources guide and in better community relations	no longer a need	N/A
Clallam/Jefferson Head Start, Port Angeles	FACL	Facilities information	materials	
Evergreen Public Schools	HLTH	Medical information	materials	yes
	STAFF	Staff competencies information	materials	yes
	FACL	Facilities information	materials	yes
	ADMIN	Assistance in writing overall program goals and long-range planning		no
	PROG	Information on a variety of curriculum materials		no
Holly Ridge Center Bremerton	STAFF	Staff competencies information	materials	yes
	HLTH	Medical information	materials	yes
	FAM	Information about Parent Involvement Workshop	workshop	yes
Longview Progress Center	HLTH	Medical information	materials	yes
	PROG	Training on UPAS	on-site	yes
	ADMIN	Program review and evaluation		no
	FAM	Update training for staff in parent involvement	workshop info sent	did not respond
North Kitsap School District Poulsbo	STAFF	Assist staff in assessing, programming children for entry into primary grades	on-site	yes

PROGRAM	STATED NEED		TA ACTIVITY	TA NEED MET
North Thurston Public Schools	ADMIN	Grant writing assistance	on-site	yes
	STAFF	Staff competencies information	materials	yes
	FAM	Information on Parent Involvement Workshop	workshop	yes
	PROG	Information and samples of screening and curriculum materials		no
	STAFF	Staff training in assessment procedures		no
Olympia Public Schools - PEPSI	HLTH	Medical information Review of program	materials Edgar visit	incomplete
Preschool Learning Center, Chehalis/Centralia Public Schools	FAM	Parent involvement information	workshop info sent	yes
	STAFF	Staff competencies information	materials	yes
	PROG	Selecting screening instruments for 0-3 population	referral to ESD	yes
	PROG	Evaluating curricula	referral to Model Preschool	yes
	FAM	Update staff training on extending family involvement	workshop info sent did not attend	
Tacoma Head Start	ADMIN	Impact of 94-142 on Head Start	referral to RAP	yes
	COMM	Coordinate with public schools on child placement	on-site, referral to RAP	incomplete
	STAFF	Mainstreaming	referral to RAP	yes
		Behavior management		yes
Shelton Public Schools	FACL	Facilities information	materials	yes
	FAM	Parent Training Workshop	workshop	yes
	PROG	Feeding programs for the severely/profoundly handicapped	materials	incomplete
	ADMIN	Assist school psychologist in interpreting eligibility requirements	referral to OSPI	yes
Vancouver Public Schools	STAFF	Teacher competencies	materials	yes
	HLTH	Medical procedures information	materials	yes
	FAM	Parent involvement information	workshop	yes
	FAM	Parent involvement update training for staff		incomplete
	STAFF	Evaluation of staff training needs		no

TABLE 2

RTAC-ESD 121 JOINT TRAINING/TA ACTIVITIES

SCHOOL DISTRICTS		STATED NEED	TA ACTIVITY	TA NEEDS MET
1. Auburn	(ADM)	1) defining target population of handicapped children for preschool classes		no
	(PROG)	2) information on curricula in cognitive area		no
	(FACL)	3) evaluate present facility; recommend alterations	on-site evaluation	yes
2. Bainbridge	(ADM)	1) assistance in starting a new program	meeting with consultant	yes
3. Bellevue	(ADM)	1) assistance in writing preschool grants	on-site	yes
4. Bethell	(FAM)	1) parent involvement	attended parent Workshop	yes
5. Clover Park	(FAM)	1) needs assessment forms	workshop	yes
	(FAM)	2) working out behavior plans with parents	workshop	yes
	(FAM)	3) increasing parent involvement	workshop	yes
6. Eatonville	(CONTRACT OUT)			
7. Enumclaw	(CONTRACT OUT)			
8. Federal Way	(ADM)	1) develop program philosophy, procedures, including eligibility and organizational chart	on-site	yes
	(FAM)	2) how to write individual parent plans	on-site	yes
	(FAM)	3) how to assess needs of family	on-site	yes
	(FAM)	4) explore procedures for parent contracting	on-site	yes
	(STAFF)	5) write job descriptions	on-site	yes
	(STAFF)	6) develop staff competencies	on-site	yes

SCHOOL DISTRICTS		STATED NEED	TA ACTIVITY	TA NEEDS MET
9. Fife	(C-FND)	1) Child find	on-site	yes
10. Franklin-Pierce	(ADM)	1) assess program philosophy, procedures, family needs, family involvement	materials	yes
	(STAFF)	2) job descriptions, staff competencies, training program for aides	materials	yes
11. Highline	(C-FND)	1) learn appropriate screening procedures, tools	on-site	yes
	(FAM)	2) method for assessing individual family needs	on-site	yes
	(STAFF)	3) data keeping/evaluation skills	on-site	yes
	(STAFF)	4) evaluate training needs and provide inservice training		
	(HLTH)	5) assessment of health needs, medication	on-site	yes
	(HLTH)	6) presentation to parent/teacher groups	on-site	yes
	(HLTH)	7) work with staff on overall success	on-site	yes
12. Issaquah	(ADM)	1) new program needs philosophy, written procedures, goals, objectives	on-site	yes
	(ADM)	2) evaluation of program procedures	on-site	yes
	(PROG)	3) information on curricula	on-site	yes
	(STAFF)	4) training for all staff in assessment	on-site	yes
13. Kent	(ADM)	1) develop an infant program, philosophy, goals	meeting	yes
14. Lake Washington	(ADM)	1) eligibility criteria	on-site	yes
	(PROG)	2) assessment devices for psychological and educational purposes/early intervention	on-site	yes
	(FAM)	3) to provide workshops for parents in the areas determined from the needs assessments	Parent Workshop	yes
15. Lester	(NO PRESCHOOL PROGRAM)			
16. Lower Snoqualmie	(ASSISTANCE NOT REQUESTED)			
17. Mercer Island	(PROG)	1) screening/assessment tools and materials	sent materials	yes
		2) parent involvement	Parent Workshop	yes

SCHOOL DISTRICTS		STATED NEED	TA ACTIVITY	TA NEEDS MET
18. Northshore	(ADM)	1) overall program development	on-site	yes
	(PROG)	2) cognitive curriculum	materials	incomplete
	(FAM)	3) family involvement	materials	yes
19. Penninsula	(PROG)	1) assessment and programming for orthopedically handicapped child	on-site	yes
	(PROG)	2) curriculum development	on-site	incomplete
20. Puyallup	(ADM)	1) reasonable definitions for eligibility	on-site	to be met in Sept.
21. Renton	(ASSISTANCE NOT REQUESTED)			
22. Seattle	(FAM)	1) parent involvement	Parent Workshop	yes
23. Shoreline	(PROG)	1) evaluate present curriculum	materials	yes
	(FAM)	2) developing structured individualized parenting program on needs assessment and evaluation	materials	incomplete
	(FAM)	3) how other programs individualize parent plans	materials	yes
	(FAM)	4) assistance with presentation on IEP and due process	materials	yes
	(STAFF)	5) workshop for psychologist on eligibility standards	referral to OSPI	to be met in Sept.
	(STAFF)	6) help develop staff development program	materials	yes
24. Skykomish	(ASSISTANCE NOT REQUESTED)			
25. Snoqualmie Valley	(ADM)	1) assistance in developing new model program	on-site	yes
		2) parent involvement	Workshop info sent	did not atten
26. South Central	(PROG)	1) assistance in assessment and in determining elibility criteria	on-site	yes
27. Steilacoom	(NO ASSISTANCE REQUESTED)			

SCHOOL DISTRICTS		STATED NEED	TA ACTIVITY	TA NEEDS MET
28. Tacoma	(ADM)	1) reasonable definition for eligibility	Referred to OSPI	yes
	(ADM)	2) program overview	on-site	yes
	(ADM)	3) 3rd party evaluation	on-site	yes
	(C-FND)	4) interagency cooperation/public awareness	on-site	yes
	(FAM)	7) procedures for assessing family needs increase parent involvement	materials	yes
29. Tahoma	(ADM)	1) assistance with proposal for next year how to best interface with special education	on-site	yes
30. University Place	(NO PRESCHOOL PROGRAM)			
31. Vashon Island	(PROG)	1) writing IEP's	on-site	yes
	(PROG)	2) assessing child performance/progress	on-site	yes
	(FAM)	4) individualized family plans	on-site	yes
	(COMM)	5) interfacing with special education agencies	on-site	incomplete
	(STAFF)	7) paraprofessional training	on-site	yes
	(STAFF)	8) staff training in mainstreaming, setting objectives, IEP's	on-site	yes
32. Sumner	(FAM)	1) parent involvement and assessing parent parent needs	attended Parent Workshop	yes
33. Dieringer	Summer Consortium			
34. Carbonado				
35. Orting				
36. White River				

ABBREVIATIONS

(ADM) - Administration
(C-FND) - Childfind
(PROG) - Programming
(FAM) - Family Involvement
(COMM) - Community Coordination
(STAFF) - Staff Development
(FACL) - Facilities
(HLTH) - Health

CENTRAL WASHINGTON UNIVERSITY R.T.A.C. REPORT

I. Needs Assessment

The Central Washington University, Regional Technical Assistance Center Needs Assesment identified several areas in which specific training needs exist, or at least where training is desired. They are as follows, listed from the most to the least indication of need:

1) infant learning or early intervation strategies and techniques,
2) language communications programs,
3) parent involvement or commitment programs,
4) legal implications and client rights,
5) social/self-help programs,
6) fine motor/cognitive programs,
7) task analysis,
8) emotional disturbance,
9) assessment (for pre-schoolers),
10) gross motor programs,
11) state funding.

Based on the needs assessment, three new packaged courses are being developed and will be available beginning Spring Quarter 1980. These courses are being developed to fit the criteria of Television Wet-net System and will be available for both individual use and for Wet-net course offering.

II. Pre-school Child Assessment Center

Our pre-school assessment center was opened in late September of 1979 and officially advertised it's services in January of 1980. (See attached newspaper article.) The Assessment Center is set up to provide screening assistance, diagnostic evaluations, and program recomendations. We have received several requests for screening from school districts and several request from parents for independent evaluations of handicapped pre-schoolers.

In addition to the Special Education faculty, faculty members from the Psychology Department and the Early Childhood Education Department have agreed to assist in providing requested services.

III. Inservice Training and Consultation

Dr. Elizabeth Nesselroad is currently assisting the Yakima Valley Farm Workers Clinic in Toppenish to develop a pre-school program intended to operate year around and serve both residential and migrant children.

Dr. Nesselroad is also directing the development of three Wet-net Television courses that will be available to individual teachers through a loan procedure of the video tapes, and potentially by station broad-

cast. The courses being developed include:

1) Early Intervention Strategies,
2) Language-Communications Programs for the Pre-school Handicapped,
3) Parent Involvement.

IV. Other Technical Assistance

We have provided free consultation to several school districts and other agencies who provide pre-school services for handicapped children. R.T.A.C. provides travel.

We also have provided tutoring by placing Special Education practicum students with preschool handicapped children in non-public school settings.

EASTERN WASHINGTON UNIVERSITY

Toddler Tribune

Regional Technical Assistance Center—Early Childhood Education for Handicapped
Department of Education—219 Martin Hall, Cheney, WA 99004—(509) 359-2484

DR. SAM DELANEY'S PRESENTATION RESCHEDULED

Sam Delaney's presentation has been rescheduled for May 2, 1980, ESD 101.

A session on facilitation of Parent and Family Involvement presented by Dr. Sam Delaney will be sponsored by EWU-RTAC in cooperation with ESD 101, W 1025 Indiana, Spokane, WA at 1:00 p.m. Participants planning to attend should contact Wendy Numata, 456-7086.

EWU - WSU - RTAC

NEEDS ASSESSMENT MEETING
October 26, 1979

TENTATIVE AGENDA

10:00 A.M.	Dr. Linda Espinosa, Coordinator Early Childhood Education Special Education Section, SPI
11-12:30 A.M.	Groups - Needs Assessment - Review
12:30 - 1:30 P.M.	LUNCH
1:30 - 3:30 P.M.	Dr. Sam Delaney, University of Washington "Working With Parents and Siblings of Handicapped Children".

TABLE 1: EWU-RTAC Needs Assessment Summary

	No.	%
Component I: Administration	1	1
Component II: Childfind	10	13
Component III: Ed. Programming	15	22
Component IV: Family Involvement	16	23
Component V: Community Coordination	8	11
Component VI: Staff Development	11	15
Component VII: School Building & Classroom Facilities	8	11
Component VIII: Health Considerations	3	4

Twenty-three per cent of the items checked as needed were in Component IV, Family Involvement, 22% of the items checked as needed were in Component III, Educational Programming, 15% were in Component VI, Staff Development, 13% were in Component II, Child Find, while 11% of items checked were in two Components, Community Coordination and School Facilities.

TABLE II: Reader Responses to Question 1: Do You Receive the Toddler Tribune?

	YES	NO
No.	74	6
%	93	7

73 readers responded to question 2. Table III summarizes reader ratings on usefulness of Toddler Tribune.

TABLE III: Reader Ratings on Question 2: How Useful is the Toddler Tribune in Conveying Information to You?

	Very	Some	A Little	None
No.	24	37	8	4
%	33	51	11	5

61 or 84% of the readers rated usefulness of the Toddler Tribune in the Very or Some categories. 8 readers or 11% said the newsletter was of little informational use while 4 readers or 5% checked the None rating.

The data suggests that the majority of the readers feel the Toddler Tribune is useful in conveying information to them.

81 readers responded to question 3 as to whether they would like to continue receiving the Toddler Tribune. Table IV summarizes reader response to question 3.

TABLE IV: Reader Response to Question 3: Would You Like To Keep Receiving the Toddler Tribune?

	YES	NO
No.	73	8
%	90	10

70 of the readers or 90% indicated that they would like to keep receiving the Toddler Tribune. 8 or 10% said No. Some of the no responses contained explanations that they now had a position which did not relate to early childhood.

An additional outcome was that many forms contained updated addresses providing an opportunity for the mailing list to become updated and more current.

b. EWU-RTAC Technical Assistance: An evaluation rating form (Attachment 4) of EWU-RTAC activities was submitted to the 7 agencies who filled out needs assessment forms. The evaluation was submitted mid June after schools were closed.

Six of the seven evaluation forms were returned. Responses to questions regarding Preschool Program Guidelines and Technical Assistance are listed in Table V.

TABLE V: Reader Ratings; EWU-RTAC Evaluation Form

1. Did you attend the needs assessment meeting October 26 at the Ramada Inn?

   YES 6 NO 0

2. Were the Preschool Program Guidelines useful to you in assessing your program needs?

   VERY 1 SOME 2 A LITTLE 3 NONE 0

3. Did your program undertake any activities as a result of the Preschool Program Guidelines needs assessment?

   YES 3 NO 2 (1 not answered)

4. If yes, please list those activities.

   --The Preschool Instructor would have to give this information.
   --Childfind activities through ESD #101.
   --Infant programming.

5. Will you continue to use the SPI Preschool Program Guidelines in your ongoing needs assessment activities?

   VERY 2 SOME 3 A LITTLE 0 NONE 0 (1 not answered)

6. Did you request specific technical assistance from the EWU-RTAC?

   YES 3 NO 3

7. If yes, how was technical assistance provided?

   --Joan Dickerson made personal visit to assist or answer pertinent questions.
   --Paid to have Sam Delaney speak to us about parents.

   a. Was technical assistance useful?

   VERY 2 SOME 0 A LITTLE 0 NONE 0 (4 not answered)

8. Do you receive the Toddler Tribune?

   YES 6 NO 0

9. How useful is the Toddler Tribune in conveying information to you?

   VERY 2 SOME 2 A LITTLE 2 NONE 0

10. Would you like to continue receiving the Toddler Tribune?

    YES 6 NO 0

11. Did you receive the copies of materials disseminated by the EWU-RTAC?

    YES 6 NO 0

12. Is having copies of materials disseminated of use to you?

    VERY 3 SOME 3 A LITTLE 0 NONE 0

13. Please list any comments you would like to make regarding EWU-RTAC possible activities.

    --Very helpful to my Pre-school instructor.
    --Most of the materials I have received had to do with technical aspects of my program rather than specific needs. It is important for me to know that when I need assistance I know where to go.
    --Appreciate their flexibility in providing services.

Preschool Program Guideline Summarization of the data from six of the seven agencies indicated that all of the agencies felt the Preschool Program Guidelines were of a little to very useful to them and three of those agencies undertook specific activities as a direct result of the Preschool Program Guidelines. Five of the six agencies indicated they would continue to use the SPI Preschool Program Guidelines in ongoing needs assessment activities.

EWU-RTAC Technical Assistance Three agencies indicated that they had requested technical assistance and three had not. Two of the three who responded yes indicated that they found technical assistance "very" useful. One did not respond to the usefulness question. One form indicating technical assistance had not been requested also indicated that it was helpful to know where to go.

Materials Dissemination Three of the forms indicated that the dissemination of materials to the agency was very useful to them while the other three indicated some use.

Evaluation Analysis Summarization of data on evaluation questionnaires suggests that the newsletter, Toddler Tribune, is well received and anticipated to be of future publication.

The fact that only three of the six responding agencies requested technical assistance may suggest that there are varied technical assistance resources available. It is interesting to note that two of the technical assistance requests were from public school programs and were considered very helpful. Head Start and DDC programs do in fact have their own technical assistance programs available.

It would appear that two major functions of the EWU-RTAC would be: (1) To continue the communication network established through the early childhood newsletter, Toddler Tribune. (2) To be a resource to newly established preschool programs for the handicapped in the public schools.

Please fill out and return to Wendy today.

INSERVICE WORKSHOP EVALUATION
SPECIAL SERVICES SECTION-CDS
Educational Service District 101

Activity "Parents" Workshop Instructor(s) _____

Date(s) of Activity May 2, 1980

Location of Activity Educational Service District 101 basement

	Excellent	Very Good	Good	Fair	Poor	Very Poor
1. Effectiveness of method of presentation was:	4	5	3	1		
2. Clarity of Objectives of workshop were:	9	3				
3. Instructor's Command of Subject was:	10	1				
4. Opportunity for interaction was:	2	1	3	2		1
5. Activities presented were:	4	1		1		
6. Materials provided were:	1	2		1		
7. Organization of workshop was:	5	4	1	2		

8. Do you need additional information about the topic? Yes 5 No 1
The Parents Needs Assessment

9. Subject matter covered will be:

Extremely Useful	Very Useful	Useful	Not Very Useful	Unuseable
3	5	3		

10. Three major strong points of training activity were:

1) presenter very good, topic interesting, lots of info provided, stress working
2) with parents, problems of parents, view pt. of parent, meeting needs, increased confidence
3) insights, experiences, good overview, interest. speaker, knew hot points (2), abound. of material selection of counselor, import of divorce, different slant of view,

11. Three major weaknesses of training activity were:

1) need more time, would like opportunity to discuss specific quest,
2) like more on "How" (2), not enough time, moved too fast, no time for ques. (2),
3) lack of time resulting in too much info, need handouts (2), fast talking over hard to follow points

12. Overall, the workshop was: very good, great, good, The best I have attended, very interes. good, outstanding, well worth my time, very good, good, very worthwhile

13. Other comments: Come back, too short - exciting material,

POSITION: [redacted] (2) NUMBER OF CHILDREN SERVED: _____

GRADE LEVEL(S) SERVED: _____

KINDS OF H/C CONDITION(S) SERVED: _____ DATE: _____

2-P.T., 1-O.T., 2-C.D.S., 6-teacher, 2-social workers, 1-health coordinator, 1-psych., 1 counselor

Western Washington University
Roberta L. Ovens, Assistant Coordinator RTAC
Miller Hall 318

Bayley Scales Workshops
Attendance List

December 1979 and
January 1980

Mark Leisgold	Sedro Woolley	Psychology
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Jerndale

REGIONAL TRAINING AND TECHNICAL ASSISTANCE
EVALUATION

WORKSHOP EVALUATION

Topic: BAYLEY SCALES OF INFANT DEVELOPMENT Date: DECEMBER 6, 7, 1979

Presented by: Dr. Keith Crnic/RTAC WESTERN WASHINGTON UNIVERSITY

Position of Participant: School Psychologist - Jerndale

A. PRESENTATION

	high 5	4	3	2	low 1
1. Effectiveness of method of presentation was:	✓				
2. Clarity of objectives was:	✓				
3. Opportunity for interaction was:	✓				
4. Organization of workshop was:	✓				

B. CONTENT

1. Subject matter covered will be:

Extremely Useful ✓ Very Useful ____ Useful ____ Not Very Useful ____ Unuseable ____

2. I would like further information or follow up on this topic: ✓ yes ___ no

C. GENERAL

1. Major strong point(s) of the Workshop were:
   a) size of group - opportunity for interesting discussion
   b) enthusiasm of presenter & information conveyed
   c) availability of materials
   d) excellent slides

   No weaknesses

3. Overall the Workshop was: Excellent: Thorough presentation of Bayley Scales.

Suggestions for future Workshop topics: Interpretation of children's drawings.

APPENDIX II

Preschool Program Guidelines

GUIDELINES FOR PRESCHOOL PROGRAMS FOR HANDICAPPED CHILDREN

IN THE STATE OF WASHINGTON

Superintendent of Public Instruction
Dr. Frank B. Brouillet
Division of Special Services
Dr. Judy Schrag
Assistant Superintendent

Early Childhood Education

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GUIDELINES FOR PRESCHOOL PROGRAMS FOR HANDICAPPED CHILDREN

Introduction

This manual was developed to assist local education agencies to plan and implement effective education programs for young handicapped children. Although the exact procedures will vary from district to district, a program that desires to offer comprehensive services should include all eight of the major components referred to in this manual.

For any school program to be comprehensive, the following eight components should be present: administrative planning and support, child find activities, educational programs, parent/family activities, staff development plans, community coordination, building facilities, and health considerations. These essential program components are discussed in the Guidelines. Each section follows the same format: goal statement, brief rationale, critical sub-components, evaluation strategies, and finally, a checklist for self-evaluation.

Local directors can use this material in three basic ways. First, the material should provide structure for the preplanning stages of new programs for young handicapped children. Second, the materials should be valuable in evaluating current programs. Finally, the materials should be used as an internal needs assessment for determining priority areas for technical assistance.

The state of Washington has long been a leader in developing and providing preschool programs for the handicapped. As a result, there are many fine local programs that can be used as resources for specific technical assistance. The Division of Special Services, which coordinates the State Implementation Grant in Early Childhood, is another resource for technical assistance. Coordinating services with agencies other than the public schools is also essential when programming for young handicapped children. Please refer to the childfind manual for a list of such agencies.

Component I: Administration

Goal

To provide effective overall management to the program.

Rationale

Clear administrative procedures provide a framework in which to establish new programs and to sustain all projects. This section points out some basic administrative issues that should be addressed in any project.

Critical Sub-components

Program philosophy. Each project should have a brief, but complete written statement concerning the basic program philosophy. This can often be included in the overall program description. The entire staff should be aware of the philosophy statement and be in general agreement with it.

Goals and objectives. All projects should have specific goals with measurable objectives. The goals and objectives are the cornerstone for all project activities and form the basis for project evaluation. For this reason, timelines and procedures for evaluation should be included with each objective.

Staff roles. There should be an organizational chart depicting lines of authority. A clear role description for each staff person will clarify responsibilities.

Compliance with rules and regulations. The basic procedures of due process and confidentiality during IEP development should be in compliance with state and federal laws.

Evaluation Procedures

Basically, the evaluation of the four components is threefold; first, are the components present (e.g., is there a statement on program philosophy?). Second, are the components accurate (e.g., do the goals and objectives relate to what is actually occurring?). Third, are the components used (E.G., do the staff refer to the role descriptions when determining responsibilities?). There are two basic ways an evaluation of Component I may occur--as an internal project-based activity or as an activity carried out by an outside agency. The most comprehensive approach is to conduct a self-evaluation, contract for an outside one using the same format, then compare the results. Remember that administrative evaluation should be viewed as an opportunity to IMPROVE SERVICES TO CHILDREN!

Checklist for Component I

		Yes	No
1.	Is there a written statement of program philosophy?	_____	_____
	If so, does the statement accurately reflect what is occurring?	_____	_____
	Is the staff in agreement with the program philosophy?	_____	_____
2.	Are there stated goals?	_____	_____
	Are there related objectives for each goal?	_____	_____
	Are there evaluation strategies for each objective?	_____	_____
3.	Is there an accurate organizational chart?	_____	_____
	Are there written role descriptions for each staff?	_____	_____
4.	Is the project in compliance with state and federal laws?	_____	_____

Component II: Child find

Goal

To locate all handicapped children in the school district.

Rationale

Child find activities are a mutually shared responsibility of federal, state, and local agencies. Although the activity is shared, the final and legal responsibility of locating handicapping children belongs to the local education agency. The purpose of all child find activities is to identify handicapped children as early as possible and to place such children in appropriate intervention programs.

Critical Sub-components

Awareness. LEAs need to increase the level of awareness in the general public and in other agencies about:

1. The availability of existing programs
2. Parent and child rights under federal/state laws.
3. The importance of early intervention.
4. Early warning signs that should result in a referral.
5. Referral procedures for suspected handicapped children to appropriate programs.

These activities may take many forms (print media, open meetings, radio and TV spots, etc.). The critical point to remember is that the school is responsible for ACTIVELY increasing the awareness of the individuals in their catchment area.

The identification of young children is dependent on three factors; 1) a local agency (LEA) to which referrals can be made (especially the name and phone number for referrals); 2) a general community awareness that educational programs are available for preschool handicapped children; and 3) a general belief that these educational programs are effective especially important to increase referrals from the medical community). Therefore, increasing awareness among the public, service agencies, and health care professionals is the first important step toward ensuring that developmentally delayed children are given the educational opportunities they need as soon as possible.

Identification. Before handicapped children can be referred to appropriate services they must be identified. There are at least three ways that identification may occur. First, a parent may directly refer a child. In such cases the parents approach the school and ask for help for their child. Second, referrals may come from another community agency, hence the importance of close, personal contact with all local human resource agencies. Third is referral from the private sector, with physician referrals being the most common.

Screening. Those children whose handicaps are readily identifiable, such as blindness, should be referred to the school by one of the procedures noted under Identification. However, there are many children whose handicaps are less easily spotted. To identify these children, screening procedures are required. Screening can best be defined as a systematic process for determining which individuals from the general population are more likely than others to have a specific problem. Screening procedures must therefore be directed to specific types of problems. The procedures should be quick, inexpensive, and should accurately identify those who do and those who do not have the problem. Screening is NOT assessment. No individual is diagnosed or placed in a special program solely on the results of screening. Rather, those children who are identified as "at risk" (likely to have the problem) through screening efforts should be referred for further indepth diagnostic assessment procedures.

Diagnostic services. Complete interdisciplinary diagnostic services must be available. These services can either be provided by the LEA, multidisciplinary assessment team (MDT) or contracted through other community agencies. It is helpful for the LEA to have a medical director from the professional community. In any case, all children referred for assessment should receive a comprehensive diagnostic work up BEFORE referral to a specific program.

Referral. The last stop of Child find is quick and accurate referral to the most appropriate intervention program.

Evaluation Procedures

The purposes of evaluation is to improve certain activities to better meet stated objectives. Evaluation implies decision making--either altering an existing set of activities or allowing them to remain as is. This requires careful planning, developing the means to collect information, collecting the information, analyzing and using the information in making program decisions.

Some of the questions to ask about child find activities include: Is the community aware of our program? Are we aware of how many potential children there are to be served in our community? Is the community aware of how to refer children to our program? Are our screening procedures effective (cheap, quick, identifies target children?) Are adequate diagnostic services available? What is the turn-around time from identification to placement in program.

Evaluation Checklist for Component II

		Yes	No
1.	Has the target population been clearly defined?	_____	_____
2.	Are admission criteria (age, type of handicap, etc.) clearly stated?	_____	_____
3.	Are the potential number of target children in the school district area known?	_____	_____

		Yes	No
4.	Are child find data from other agencies used?	_____	_____
5.	Are formal screening procedures being used?	_____	_____
6.	Are publicity materials available that state referral procedures clearly?	_____	_____
7.	Are there referral procedures for identified handicapped children <u>not</u> served by the project?	_____	_____
8.	Is the turn around time from identification to program placement for any given child reasonable?	_____	_____

Component III: Educational Program

Goal

To provide appropriate educational programming to all young handicapped children in the program.

Rationale

Adequate educational programming for young handicapped children must include systematic procedures in at least the following essential areas: 1) child assessment; 2) individual educational plan development; 3) curriculum development; 4) instructional procedures; and 5) ongoing evaluation. Although the specific procedures and materials may vary according to the type of child service and/or the specific program philosophy, these five program areas must be present.

Critical Sub-components

Assessment. Child assessment means that the teaching staff is using some devide to measure child behavior in the classroom over a period of time. This information forms the base for developing the Individual Education Plan (IEP) for each child. The assessment device should be appropriate to the level of disability and type of handicapping condition of the children. It cannot be biased against any minority group. Assessment must provide information on child abilities in at least the following skill areas; gross motor, fine motor, communication (language), social, self help, and cognitive (preacademic). In many cases, more than one device will have to be used to measure all the skills.

Depending on the types of handicapping conditions of the children, occupational therapists, physical therapists, communication disorder specialists and other support personnel will be crucial additions to the assessment team.

The assessment process must be viewed as ongoing rather than static or a one time only event.

Individual Educational Plan (IEP). The IEP, required by P.L. 94-142, must contain the following components: 1) accurate assessment indicating current levels of performance; 2) goals and objectives; 3) needed special services; 4) methods for evaluating the goals and objectives; and 5) indications that a team (including parents) developed the plan. Additionally, good IEPs will also include specific information regarding medical considerations, physical management problems, and instructional programming ideas.

Assessment information must be current (within the last year) and should represent data from more than one testing session. Goals should be based on yearly projections of the child's functioning level at least in gross motor, communication, preacademic, and social/self help areas. Objectives should be developed for each goal that will as "stepping stones" form the current level of functioning to the desired yearly goal. Each goal and objective must be measurable so that the program can be evaluated. The planning team must include the parents. (Note: This does not mean that the parents simply sign the IEP--they MUST be included in the process of developing the plan). Needed special services should be listed for each special need of the child (speech therapy, adaptive equipment, mobility instruction, etc.). Important medical information should be included on the IEP relating to allergies, medication needs, proposed correc-

tive medical procedures, etc. For motorically involved children, a special note should be included concerning handling procedures and how best to position the child for educational activities. Instructional programming ideas may include such things as proven reinforcers, instructional materials that have been especially effective, and any special management ideas.

Curriculum. A program should use an overall curriculum. This may be a commercial curriculum, a combination of several curricula, or a project-developed curriculum. In any case, the curriculum must: 1) be directly related to the assessment procedures; 2) include items that are "low enough for the lowest skilled child" and "higher" than the highest functioning child; 3) be based on developmental data; and 4) provide the teachers with ideas about how to teach the listed behaviors. It is helpful if the curriculum leads on to other curricula at a higher level, speaks to specific sensory problems (vision and hearing), has basic adaptations for physically involved children, and is amenable to easy data collection in order to evaluate child progress.

Instructional procedures. Each child should have an individual instructional plan. The plan should be based on the child's assessment data, should relate to the child's IEP, and should reflect periodic updating. Although the format of the plans will undoubtedly vary from program to program, the information included in each plan should be standard. This information includes: 1) the specific desired child behavior (objective); 2) exactly what the teacher does in the instructional setting, including materials used, directions given, prompts, cues, models; 3) exactly what is to occur for correct child responses, incorrect child responses, disruptive child behaviors, and no responses; and 4) how the child performance will be measured and the criteria used to determine success or modifications.

Ongoing evaluation. To be truly effective, all educational programming must include procedures that allow teachers to make frequent checks on child progress. This includes specific information about instructional plan should include provisions for collecting child performance data at frequent intervals to answer these questions: Has the instructional objective been reached? Is the child learning? Is the instructional procedure effective? All children should be evaluated on the entire curriculum at set intervals (two through four times a year). This activity basically answers the question: are the children progressing satisfactorily through the curriculum?

Evaluation Procedures

There are four questions which should be addressed about education programs. First, are the basic procedures in evidence? Second, are they appropriate for the children being served? Third, are they efficient procedures, or can they be streamlined? Fourth, and most important, do the children progress measurably in desired skills?

Evaluation Checklist for Component III

		Yes	No
1.	Are there interdisciplinary assessment procedures?	_____	_____
	Are there interdisciplinary data available on the children?	_____	_____
2.	Are there instructional assessment devices appropriate for the children?	_____	_____
	Are there data from several devices for each child?	_____	_____
3.	Do the IEPs conform to state and federal standards?	_____	_____
	Is there an IEP for each child?	_____	_____
4.	Is there an overall program curriculum?	_____	_____
	Is this curriculum appropriate for each child?	_____	_____
5.	Is there an individual instructional plan for each child?	_____	_____
	Are these plans comprehensive?	_____	_____
6.	Are there procedures for evaluating individual child performance per instructional plan?	_____	_____
	Are there procedures for periodic child evaluation in the entire curriculum?	_____	_____
7.	Are the children receiving all services specified in their IEPs?	_____	_____

Component IV: Parent/Family Involvement

Goal

To provide for individual needs of the parents and family of each child in the program.

Rationale

All recent research has indicated that parent/family involvement is absolutely crucial in early intervention programs. If child gains are to be maintained, parents must be involved. This involvement is most effective when it meets the specific needs of the parents/family. A cornerstone of family involvement should be individualization. The parents and other family members can have as wide a range of possible needs as the handicapped children. Therefore, the program should identify individual parent/family needs and devise individualized programs to meet these needs. The two major areas of parent need are: 1) knowledge needs about (normal child development, effects of handicapping conditions, available community resources, how their child is progressing, the purpose of specific educational programs, etc.), and 2) skill needs (how to teach their child, how to use behavior management, how to use community resources, etc.).

Critical Sub-components

Assessing parent/family needs. Establish procedures to determine individual parent needs. These procedures may include, but should not be limited to: questionnaires, structured interviews, and parent reports. The assessment procedures should cover such topics as: 1) extent of knowledge of child development, handicapping conditions, and community resources; 2) existing skills in child management, teaching specific skills, and obtaining community resources; and 3) what opportunities the family has had to visit the educational program, talk to staff and interact with other parents.

The assessment process should also include procedures for determining involvement priorities for each parent. Individual Family Programs (IFPs) may be developed. After the IFPs are developed, families are grouped together for activities that relate to their individual objectives. To repeat, family needs must be handled on an individual basis.

Direct school involvement. There are three activities where parents are directly involved in the school process: IEP development, exchange of information on child progress, and advisory boards.

IEP development is by definition a joint affair between school and parents. P.L. 94-142 states that the parents will be involved in the DEVELOPMENT of the IEP. Simply signing the IEP is not indication of involvement in development. Meaningful involvement in the development of the IEP provides the school with an excellent opportunity to set the tone for additional parental involvement.

Information exchange between school and parents is critical. Most often this occurs as the teacher informs the parents of child progress throughout the school year. Effective information exchanges can be either written formats (notes home, examples of work, report cards, etc.), or person-to-person conferences.

Advisory Boards which include parents are often a part of early childhood programs. These boards can serve useful functions if they are given leadership, a purpose, and a sanction for carrying out their duties.

Knowledge exchange. Parents and other family members often need specific information to help them cope with the handicapped child. The needs vary from family to family; however, some of the most frequent knowledge needs include: normal child development, effects of handicapping conditions on development, parent legal rights and responsibilities, and available community resources. Many parents, especially only-child parents, are not familiar with normal child development. This would be a particularly important knowledge need area. Most parents are interested in knowing the short- and long-term effects of the handicapping condition on their child. The school program should attempt to meet this need, either by providing the information or making an appropriate referral to another agency.

Many parents are unaware of their rights and responsibilities under the law. The school should accept the responsibility of informing parents of their rights under P.L. 94-142 as well as Section 504 of the Vocational Rehabilitation Act, SSI regulations, and other federal and state laws. Finally, many parents are unaware of the availability of community resources. Respite care, medical clinics, recreational opportunities, in-home therapy, supplementary food, and counseling resources are only a few community resources that are available to most parents in our state. The school should assume responsibility for informing the parents of those resources. NOTE: The school does not have to meet all parent needs--it can serve as a broker and put parents in touch with other resources that can meet their needs.

Skill needs. Many parents want to learn new skills to help their handicapped children. Depending on the parental needs, the school can arrange opportunities for these learning opportunities or refer parents to other resources (such as assertiveness training classes or Parent Effectiveness classes). Whether the school provides training or puts parents in touch with other agencies, the school should take ultimate responsibility for ensuring parents get the training they need.

Special note. The method in which parent needs can be met varies. These methods might include: (1) formal parent groups sponsored by the project; (2) parent classes through adult education or extension programs; (3) guided observations in the classroom; (4) volunteering in the classroom; (5) specific workshops; (6) individual parent/teacher training conferences; (7) home visits; (8) individually prepared materials; (9) films; and (10) parent-to-parent activities. The method of meeting the parent needs should depend on the specific need, available options, and parent choice.

Evaluation Procedures

Some evaluation questions to ask about parent programs are: First, have the parent needs been assessed? (If not, one must question the validity of the parent involvement activities, regardless of what is occurring). Second, is there evidence of individualizing the activities to meet parent needs? Third, how many parents are involved? Fourth, are there procedures to measure parent satisfaction for each activity? Fifth, are there procedures for evaluating the activities (what have the parents learned as a result of the activities)? Sixth, are there procedures to alter activities to respond to changing parent needs?

Evaluation Checklist for Component IV

		Yes	No
1.	Is there a procedure to assess individual family/ parent needs?	_____	_____
2.	Do individual family/parent plans exist?	_____	_____
3.	Are there a wide range of activities from which the parents will gain:		
	New knowledge?	_____	_____
	New skills?	_____	_____
4.	Are there procedures to evaluate:		
	Parent satisfaction?	_____	_____
	Parent skill gain?	_____	_____

Component V: Community Coordination

Goal

To develop and maintain working relationships with all agencies that serve handicapped children and their families.

Rationale

Although there are many agencies that deal directly with handicapped children and their families, there is rarely a systematic overall plan that assures coordination of these services. Therefore, some agency must assume the responsibility for being a broker, though this task may not seem to be part of the regular school program. There are four critical components involved in coordinating community resources: (1) formal relationship with the SEA; (2) careful planning for transitions of children and families among agencies; (3) systematic referral procedures; and (4) extensive knowledge of other related agencies, both public and private, that serve the handicapped and their families.

Critical Sub-components

Relationship with SEA. The Coordinator of Early Childhood Programs in the Division of Special Services has developed a number of services to LEAs. The State Implementation Grant and preschool incentive monies provide specific assistance to programs, ranging from a statewide child tracking system to the Regional Technical Assistance Centers network. (See Appendix A) LEAs should maintain close contact with the SEA to insure that they are able to take advantage of all available state services, that the state child count for their area is accurate, and that all known handicapped children are entered in the tracking system.

Transition plans. Handicapped children tend to move through a wide variety of public and private services. As the children transfer from program to program and from special to regular education, the school must plan carefully to insure that the appropriate information follows the child, and that the receiving program is informed about how best to handle the child's special needs.

Referral sources. Prior to referring children and their families to other appropriate agencies, the LEA or school program representative should have a thorough and personal knowledge of the key people to talk to in: (1) federal programs such as HUD, SSI, HEW; (2) state programs such as Crippled Children's Services, Medicaid, Developmental Disabilities; and (3) local programs such as United Cerebral Palsy, Mental Health Clinics, Family and Child Services, and private physicians. The school needs to know what services these various agencies offer, who is eligible, what the cost is, and who to contact. Appendix B contains a resource guide of agencies with which you may want to coordinate services.

Similarly, the school needs to inform the appropriate agencies of the services the public school offers to young handicapped children and their families. This information should include who to contact, eligibility criteria, and services offered.

Evaluation Procedures

The Coordination with other community agencies can be evaluated on several dimensions. First, is the LEA aware of other agencies and the services they provide (is there a list of such agencies)? Second, are the other agencies aware of the LEA programs (how many referrals came from the other agencies)? Third, when the school refers a family, do the other agencies provide the needed services (e.g., if you refer a family to the Developmental Disability case worker for respite care services, does the family get a respite care provider)?

Evaluation Checklist for Component V

	Yes	No
1. Are all the preschool handicapped children currently being served included in the SEA child count?	_____	_____
2. Are there transition plans for:		
Preschool handicapped program to preschool nonhandicapped program?	_____	_____
Preschool handicapped program to school age handicapped program?	_____	_____
Preschool handicapped program to school age nonhandicapped program?	_____	_____
3. Does the LEA have an up-to-date list of agencies that serve the handicapped and their families?	_____	_____
Are these agencies aware of the public school programs?	_____	_____
Is there evidence of communication between the LEA and other agencies?	_____	_____

Component VI: Staff Development

Goal

To provide ongoing opportunities for program staff to develop new skills.

Rationale

Although preschool programs for the handicapped and university and college personnel training programs have been in operation for a number of years, still there remains a shortage of trained staff. Additionally, all professionals can profit from information and skills updating. P.L. 94-142 mandates that each LEA have a plan for staff development. Therefore, the following staff training activities should be present in any comprehensive preschool program for the handicapped: (1) a list of specific competencies for each staff role; (2) procedures for assessing staff training needs; (3) procedures for providing training to meet assessed staff needs; and (4) procedures for evaluating the outcome of training activities.

Critical Sub-components

Staff competencies. Universities and colleges, professional organizations such as ASHA, and the Regional Technical Assistance Centers have all developed lists of staff competencies. Each LEA should adapt or develop a list of competencies they expect the professional staff to have. This will facilitate hiring procedures as well as determine inservice training needs.

Procedures for assessing staff needs. There are several procedures that can be used to assess staff training needs. These may range from self-evaluation, to inviting the Regional Technical Assistance Center staff to come on site and evaluate staff training needs. Staff training needs can be determined best by the administrative staff interacting with the classroom staff. Most staff welcome this type of assessment IF it leads to the needed inservice training.

Whatever procedures are used, the end result should be a list of specific training needs stated in terms of teacher behaviors that will result from training activities. The inservice training activities should be individualized to meet specific staff needs.

Procedures for providing inservice training activities. After the individual staff needs are determined, there is a wide range of possible training activities to meet them. A 5-step procedure for selecting inservice activities is recommended. The first choice would be to see if the program staff can teach one another by sharing expertise. Second choice would be to coordinate training with an existing district inservice session. A third option is to participate in free SEA-supported inservice activities. Fourth would be to request assistance from the Regional Technical Assistance Center. Finally, district monies could be used to purchase the needed training. These steps provide the district with maximum services for available dollars, while this entire process is based on clearly stated individual staff training needs.

There are many options that can be used in choosing inservice training activities. All planned workshops should be checked to see if they are related to staff needs. Specific workshops can be scheduled on site. Individual

consultants can be contracted to come on site and provide inservice training. Another alternative would be to pay for staff to take formal course work at colleges or universities. The training should be individualized to meet specific staff needs.

Evaluation of training activities. All staff inservice training activities should be evaluated to determine the specific skills gained by the staff. When possible, this should be measured in terms of change in staff behavior when working with children and/or families. The easiest way to evaluate training is to build post-training behaviors into every training objective. Measuring any increase in the amount or rate of child progress is another, secondary method of evaluating improved teacher skills.

Evaluation Procedures

The evaluation of this section should be threefold. First, are the procedures established (is there a list of staff competencies, are there procedures for evaluating staff training needs, are there procedures for obtaining training activities, etc.)? Second, are the staff satisfied with these procedures? Is there a method for staff input to the procedures? Finally, are there data indicating the acquisition and USE of new skills by the staff?

Evaluation Checklist for Component VI

		Yes	No
1.	Are there lists of desired staff skills?	_____	_____
2.	Are there data by which to evaluate staff based on desired competencies?	_____	_____
	Are there individual staff objectives for inservice training?	_____	_____
3.	Are there options for acquiring designated skills?	_____	_____
4.	Are there data indicating acquisition and USE of new skills by staff?	_____	_____

Component VII: School Building and Classroom Facilities

Goal

To ensure that the school environment facilities child growth and development.

Rationale

The phrase "least restrictive environment" extends to the physical building. Are there ramps with handrails? Are doors wide enough for wheelchairs? Are tables, chairs, and toilet facilities at the appropriate height for young children? In appropriate facilities can be as restrictive as a poorly designed individual education program. The physical environment in which the young child learns is as important as what he or she is taught; a well-designed and organized classroom can facilitate learning, especially for the handicapped pupil who may need certain prosthetic aids. The school environment should also ensure the safety of all children and adults.

Critical Sub-components

Barrier-free access to all program. New federal regulations (Section 504 of the Vocational Rehabilitation Act) mandate barrier-free access to all programs. Therefore, wheelchair ramps and stairs with handrails, elevators to above ground floors, and doorways to classrooms and bathrooms wide enough to accommodate wheelchairs should be built in to any facility used for handicapped children. In addition, all corridors and classrooms should be well lighted and the building should be situated away from loud noises, excessive odors, and traffic. Facilities should have several clearly marked emergency exits accessible to non-ambulatory and young children. Within the classroom, all walk areas should be wide enough to accommodate wheelchairs. There should be no free-standing columns or pipes blocking access to any part of the room which would decrease mobility of visually impaired children, nor should the class have permanent structures which prevent auditory impaired children from seeing the teacher from all parts of the room.

Safety and sanitation standards. Just as homes with preschool-age children must be "childproof," so too must the classroom for young children provide a safe environment. All of the precautions taken in the home, such as covered electrical outlets, cleaning products stored in locked cabinets, and supervised kitchen activities should be observed in the classroom. Power equipment should be kept in good working order. Tap water should not be hot enough to scald children. Furniture, in addition to being the right height for young children, should be stabilized so that children cannot topple them easily. Toys should be too large to swallow, unbreakable, and with no sharp edges.

Staff should know where and how to exit the building in case of fire or other emergencies. There should be fire alarms and extinguishers near every classroom. The emergency number should be clearly posted on each telephone. Staff should be assigned certain children to guide out of the building in case of an emergency. Fire drills periodically will help children avoid panic when there is a fire, as well as giving staff and pupils practice in exiting the building quickly and safely.

Each classroom should have a first-aid kit and instructions for handling common emergency illnesses and accidents. The telephone number of the school nurse should be posted by the telephone, along with the emergency number for aid cars or ambulances. Any medications administered by the staff on doctor instructions should be kept in a locked cupboard. At least one member of each classroom staff should have training in first aid, cardio-pulmonary resuscitation, and seizure management.

Sanitation is essential in a class of young children, where childhood diseases can spread rapidly. Toileting and hand washing facilities should be accessible to small children. Illnesses in staff or children should mean extra sanitary care to avoid the spread of infection. Component VIII discusses these and other sanitation problems.

Balance of activity areas. The school day for young children is often broken down into a series of learning events that alternate quiet activities, such as looking at picture books or art projects, with noisy ones, such as gross motor play, music, or cooperative block play. The classroom should facilitate all of these activities. Portable screens or furniture can be used to create different environments depending on the planned activities. Some areas of the room should be permanently established for certain projects, such as a book corner or low shelves where toys are kept, to promote child independence and confidence.

Parent observation and understanding. The classroom should have an area where parents and other visitors can sit quietly and watch the class without disturbing the activities in progress. Usually, this is a part of the room away from the children's activities yet within earshot and sight. Posting the daily activities in a prominent place helps visitors to the class follow what is happening.

Evaluation Procedures

All questions to be asked regarding facilities must revolve around the goal of enhancing programs for young handicapped children. Some questions are: can children with all types of disabilities maneuver in the building and classrooms without restrictive barriers? Can all children be seen by at least one teacher at all times? Are appropriate safety and sanitary meaasures an integral part of the class routine? Can teachers and other staff members handle emergencies? Do class activities and different areas of the classroom layout compliment each other?

Evaluation Checklist for Component VII

	Yes	No
1. Can children with all types of handicaps safely negotiate entering the building and throughout the facility?	_____	_____
2. Is the classroom arranged to permit accessibility for all pupils?	_____	_____
3. Are classrooms "child-proof?" (e.g., unbreakable furniture and toys, covered outlets, etc.)	_____	_____

4. Are non-edible substances (cleaning products, paint, medicines) safely out of children's sight and reach? _____ _____

5. Do staff know where and how to exit the building with young children during all emergencies. _____ _____

6. Are emergency numbers kept (by the telephone) in each room? _____ _____

7. Is there a first aid kit within easy reach at all times? _____ _____

8. Are staff trained in first aid, CPR, and seizure care procedures? _____ _____

9. Are child health records up-to-date and easily accessible? _____ _____

10. Is the classroom arranged so that quiet areas are grouped together and noisy or active areas are separate? _____ _____

11. Is there an area where parents and other visitors can view the class without disrupting ongoing activities? _____ _____

12. Are there written policies about visiting in the class? _____ _____

13. Is the physical environment arranged to accommodate children's activities, (i.e., not too cramped, noisy, hot, etc.)? _____ _____

Component VIII: Health Considerations

Goal

To maintain standards of health and to prepare for medical emergencies in the classroom.

Rationale

Often, young children are more susceptible to infections and accidents. When the young child is handicapped, medical and health considerations must take on added meaning in the classroom if pupils are to progress at their best pace. Children's medical records need to be kept current and the staff need to know how to repsond to a wide variety of medical emergencies which may occur in the handicapped young population, such as seizures. Staff need to be aware of certain health restrictions in children, such as food allergies or activity levels in children with heart problems. Positioning and transferring handicapped children must be done with expertise to avoid compounding problems. Each child's particular health and medical needs must be analyzed to discover adjustments to programs and types of supervision required by staff. Even when there is a school nurse, classroom staff must take responsibility for the health of their students.

Critical Sub-components

Medical emergency planning. Staff should keep current medical records for each child, including the name and telephone number of the family's primary health care professional, the emergency numbers of the parents, a neighbor, and any restrictions about medication that the child might have. If there is a school nurse in the building, post her number by the telephone. If not, post the name and number of emergency medical personnel and aid cars. Remember, in an emergency, seconds count. Do not wait for a nurse or aid car if emergency treatment is necessary. Sometimes, inviting the emergency service administrator to visit the school helps build rapport and knowledge about the kinds of potential emergencies that might occur.

At least one member of the teaching staff, preferably the head teacher, should have training in first aid, cardio-pulmonary resuscitation, and seizure management. A well stocked first aid kit and a book on first aid emergency procedures should be in every classroom.

Classroom sanitation. Often, young handicapped children are still being toilet trained. This presents special sanitation problems which the staff must overcome. Each classroom should have a diapering area and facilities for the safe disposal of soiled diapers. Each child should have a complete change of clothing clearly labeled with his or her name, in case of soiling or accident. The diapering area should be sanitized between uses. Staff should encourage children to practice good health habits, such as washing hands after using the toilet and blowing noses. Illness in children or staff should mean extra sanitary care to avoid the spread of infection. Parents of children with heart or respiratory weaknesses should be informed when another person in the classroom has a streptoccus infection.

Dispensing medicines. Each school district should have a policy and procedure for dispensing prescription medicines at school, one which is clearly understood and approved by the staff. Some suggestions regarding medications are: If children need medication at school, the medicine should be sent to school in the original bottle, with the name of the doctor, the child, the exact dosage, and the name of the medication clearly marked on the bottle. This is essential information in case of accidental poisoning. All medications sent to the school should be placed in the custody of the bus driver, who will deliver them to the teacher. In the classroom, all medications should be kept locked up out of the children's reach.

Nutritional considerations. Snack time or lunch is an integral part of the school day. However, some young children may have food allergies or dietary restrictions that will limit what they can eat. The teacher should know which children have specific food requirements. In addition, young children must be fed food which is suitable to their developmental level--that is, their ability to chew and swallow must also determine what kinds of food they are given. For example, a child who does not chew solid food should not be given nuts, and a child who is allergic to citrus should not be given orange juice.

Physical management. Young handicapped children may have special problems in following the classroom activities due to physical limitations. Teachers must know which children require special programming or positioning. For instance, a child with a heart condition should not be involved in strenuous play; a blind child should not be placed with his eyes facing into the sun; a child with cerebral palsy must have special positioning to benefit from some classroom activities. Staff should be trained in the handling and transferring of physically handicapped children from wheelchair to bus seat or other location. OT/PT staff or the nurse or a physician can assist the teacher in learning how to move children with physical handicaps so that pupils and staff are not physically strained.

Evaluation Procedures

Teachers must always keep the health considerations of their pupils in mind when programming for learning. Are staff adequately prepared for medical emergencies? Can parents and physicians be reached? Are children adequately protected in the classroom from infection? Do staff know the special dietary and activity restrictions of certain pupils? How can the class be made into a healthy place for children and adults?

Evaluation Checklist for Component VIII

	Yes	No
1. Is there a routine procedure (including forms) for obtaining information from parents and physicians regarding health needs of children?	_____	_____
2. Does the child's IEP have a designated area where special health needs may be indicated?	_____	_____
3. Is there a procedure for quick identification of pupils in health distress?	_____	_____

4. Are staff trained in first aid, CPR, seizure management and other emergency health care? _____ _____

5. Is there a routine established for emergency care via aid car, ambulance, etc.? _____ _____

6. Are appropriate sanitation procedures in force in the classroom? _____ _____

7. In there a district policy and procedure for the administration of medicines at school? _____ _____

8. Are staff trained in the positioning and transfer of physically handicapped pupils? _____ _____

9. Does the classroom routine take into consideration the dietary and activity level restrictions of certain pupils? _____ _____

APPENDIX III

Early Childhood Task Force Membership

Special Education Advisory Council

List S106X0.01
SPECIAL EDUCATION ADVISORY COUNCIL
Author: Bill Hulten - October 1979 Rev. 9/11/80

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18118 - 6th Avenue S.W.
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APPENDIX IV

Interagency Agreements

INTERAGENCY AGREEMENT

between

THE STATE OF WASHINGTON
OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION

and

THE DEPARTMENT OF HEALTH, EDUCATION AND WELFARE, REGION X
ADMINISTRATION FOR CHILDREN, YOUTH AND FAMILIES

Statement of Philosophy

The Washington State Office of Superintendent of Public Instruction (OSPI) and the Department of Health, Education and Welfare (HEW), Region X, Administration for Children, Youth and Families (ACYF) believe that all handicapped individuals must be provided a free, appropriate public ecucation and related services within guidelines or laws stipulated for both Head Start grantees and local education agencies (LEA's). Such major areas of services to handicapped children shall include, but not be limited to:

prevention, identification, recruitment, assessment, individualized developmental/educational programs, a continuum of program options, parent counseling, due process procedures involving parents and remedies to disagreement, linkage among provider agencies, transportation, technical assistance, referral and management information.

No single agency has the capability of providing all services for handicapped children from birth through adulthood. Interagency cooperation is necessary to provide the range of resources required for full service implementation.

OSPI and the ACYF, Department of Health, Education and Welfare recognize a priority for services to young handicapped children. Although preschool services are not mandatory at this time, OSPI encourages local school districts to support program delivery at this age level and to work cooperatively with community programs, including Head Start, in the planning and initiation of such services.

PURPOSE

It is the purpose of this Interagency Agreement to clarify responsibilities and encourage cooperation in the provision of appropriate education and related services for all handicapped children ages 3 through 5 residing in the State of Washington and potentially eligible for either a Head Start or a public school program.

The Parties Mutually Agree As Follows:

Statement of General Responsibilities: The State of Washington currently requires school districts to provide special education and related services for all handicapped children (45 CFR 121) beginning at age 5. For handicapped eligible children birth to five the state law is permissive. Local districts may provide educational programs for handicapped children ages birth to 5 and are fully funded to do so. (See WAC 392-171-325 (2)(3). See Note 1.) Chapter 392-171 WAC-Administrative Rules and Regulations govern the provision of special educational and related services through the Office of Superintendent of Public Instruction. Through funding, technical assistance and fiscal support, in addition to monitoring activities, OSPI will assure compliance with both the Federal and State regulations by the school districts in carrying out their legal mandate to provide free appropriate public education for all eligible handicapped students.

Region X ACYF will continue to provide funds, grants administration, policies and procedures, administrative or technical assistance, and support to Head Start grantees and delegate agencies in Washington for enrolled preschool handicapped children.

The revised Head Start Performance Standards will continue to be required of all Head Start grantees, which reflect the intent and purpose of P.L. 94-142.

Identification: Federal and State regulations require that each local school district develop and implement a system to locate and identify all handicapped children who require special education and related services from birth through age 21. Child identification activities may include, but are not limited to: (1) the development of Child Find material, (2) media/awareness campaign, (3) screening, (4) communication with community agencies, including Head Start, (5) pediatric and community health referral systems, and (6) linkage with additional community agencies and referral sources. OSPI will continue to provide leadership, supervision and technical assistance to local school districts in the implementation of child identification activities. As part of the state Child Find efforts, each LEA is required to establish communication with the Head Start program(s) within the district boundaries. (See Child Find Manual, 1979, and Special Education Monitoring manual.)

Head Start programs are required (OCD Notice N-30-364-4) to conduct an active outreach to enroll children with known handicaps. In addition, following enrollment, all children are screened to determine those who are in need of further assessment to diagnose previously unknown handicapping conditions. Activities are similar to those mentioned above.

Diagnostic Services: Washington law and the Rules and Regulations, Chapter 392-171 WAC, require that local school districts comprehensively assess children where a need has been established so that appropriate educational programs may be provided. A multidisciplinary team assessment is required and must address the following areas: (1) cognitive, (2) gross/fine motor, and (3) social adjustment as specified in WAC (392-171-400). OSPI will continue to support local school districts as they implement comprehensive assessment for handicapped students.

Head Start personnel will ensure that initial identification of handicapped students is confirmed by professionals trained in assessing handicapping conditions. Head Start programs are required by their performance standards (OCD Notice N-30-331-1) to insure that comprehensive multi-disciplinary assessments are conducted for the diagnosis of handicapping conditions. This assessment covers the same areas cited above.

Procedures will be implemented in conformance with requirements of confidentiality and protection in assessment in order to ensure that no child is mislabeled. Assessments will include categorical and functional data, as well as the annual review of progress and eligibility as may be indicated by formative and/or summative data analysis.

Individualized Programming: Each local school district must develop an appropriate individual educational program (IEP) based on the results of the multidisciplinary assessment. The implementation of individualized programs as given in Performance Standards mandated for Washington Head Start grantees and delegate agencies will continue to be required by the ACYF. Included in such programming is placement in the least restrictive environment, and parental approval of an individually prescribed program consisting of a child's present level of performance, annual goals, short-term objectives, related services, as needed, projected dates for initiation and duration of services, and evaluation procedures and criteria to determine whether the objectives are being achieved.

Procedural Safeguards/Due Process: It is the intent of OSPI and ACYF that proper procedures be used in the identification, evaluation, IEP development, placement, services, and program changes provided for handicapped individuals. All procedural safeguards or due process guarantees of any applicable State or Federal law, rule, or regulation shall be observed by each agency (see WAC Chapter 392-171-545-600, 500-520).

Management Information: Exchange of records and personally identifiable information with appropriate public education, Head Start, ~~of~~ ACYF authorities will be conducted based upon a clear understanding that data provided by Head Start grantees or delegate agencies are released only with parental permission and with the expectation that they will not routinely be made available for inspection.

Local Cooperation: ACYF and OSPI encourage local school districts and Head Start programs to establish written cooperative agreements. The agreements should address all of the areas included in this agreement and describe how

the local school district and Head Start program will work together in their efforts to serve pre-school handicapped children. Where it is determined locally to be appropriate, OSPI and ACYF endorse the development of contractual arrangements between local school districts and Head Start programs to provide services to specific handicapped children.

The ACYF supports Head Start's identification efforts in Washington. From screening, appraisal, or service records, Head Start grantees and delegates will report to local educational agency personnel the number, age, and type of handicapped children identified and/or served. This information will be made available during the spring to precede the enrollment of the Head Start children in the public school.

Local educational agencies and Head Start personnel shall cooperate in the exchange of diagnostic and prognostic information, as appropriate with parent permission. Whenever possible, joint parent permission forms will be utilized by both Head Start and school district personnel.

Head Start and local educational agencies are encouraged to work jointly in developing individual education programs (IEP's). Individual education programs will be developed from multidisciplinary team assessment results and must involve parents, guardians, or parent surrogates. Head Start personnel are required to develop an individualized education plan for each identified Head Start child. They are encouraged to become familiar with the procedures and methodology utilized by the local educational agency multidisciplinary assessment teams in order to facilitate optimal program transition and ensure developmental continuity.

Shared data can serve many purposes such as a basis for determination of fiscal arrangements between the local education agency and Head Start grantees and as information for joint evaluation of efforts and programs which may be done annually, or at least at such intervals as the parties shall mutually agree upon.

Technical Assistance and Development: The ACYF will take responsibility for informing appropriate personnel of Head Start grantee and delegate agencies of the provisions of this agreement and will offer encouragement to grantees in forming close working relationships with local or state education personnel.

OSPI will inform school districts of this agreement and will offer information and assistance in conjunction with ACYF to facilitate joint programming for handicapped children in Head Start and public school programs.

Training and technical assistance related to this agreement will be available from the HEW funded Regional Access Project. The ACYF and OSPI will provide periodic joint program reviews of Head Start grantee services and preschool services offered by local education agencies. Reports of findings should be a basis for improving the coordination and quality of educational services delivered.

Liaison: Liaison activities will be maintained among the ACYF, the State Education Agency, and the State Training Office for Head Start programs and the Regional Access Project by designated personnel from each agency. Referral and liaison activities will also be conducted at the local level between Head Start grantees and school districts. It will be assumed, for purposes of this agreement, that appropriate administrative education personnel in each of the school districts will be identified as needed and relationships with Head Start grantee agencies cemented as joint efforts proceed.

Periodic Review/Duration: This agreement will be ongoing and jointly reviewed for renewal decision at such intervals as either party shall decide is necessary.

Modifications/Termination: Additions, deletions, and other amendments and/or termination to the provisions of this agreement may be made in writing upon signature of the undersigned parties or their designees.

Frank B. Brouillet

Dr. Frank B. Brouillet
Washington State Superintendent
of Public Instruction

In witness whereof, the parties hereto have executed this agreement, consisting of five pages, this 30th day of May, 1980.

Pamela A. Coughlin

Dr. Pamela A. Coughlin
Administration for Children, Youth
and Families, HEW

In witness whereof, the parties hereto have executed this agreement, consisting of five pages, this 16 day of May, 1980.

Note 1: The specific WAC references cited in this agreement are subject to change as the Special Education Rules and Regulations are modified and revised.

SPI **Superintendent of Public Instruction**
DR. FRANK B. BROUILLET · OLD CAPITOL BLDG., OLYMPIA, WASH. 98504

January 16, 1979

(X) Information Only
( ) Attention Needed

MEMORANDUM

TO: Chief School District Administrators
Educational Service District Superintendents
Directors of Special Education

FROM: Frank B. Brouillet, State Superintendent of Public Instruction

RE: DSHS/OSPI Interagency Agreement

The Department of Social and Health Services (DSHS) and the Office of the Superintendent of Public Instruction (OSPI) have recently entered into an interagency agreement defining the respective areas of responsibility in the provision of educational services to the state's handicapped children and adults. A copy of the agreement as well as the letter which is being forwarded to DSHS personnel is attached for your review.

The DSHS/OSPI agreement marks the initiation of a joint effort to maximize the utilization of state and federal resources through interagency collaboration. It is our hope that cooperation among agencies serving handicapped childen will be expanded in the future in order to eliminate service duplications so as to efficiently utilize available resources and ultimately enhance services for handicapped children and adults. While the agreement does address services to all handicapped persons in the state, the greatest impact will be in the preschool area.

Effective September 1, 1979, the Division of Developmental Disabilities (DDD) will no longer fund educationally related services for 3 and 4 year old developmentally disabled children in Early Childhood Developmental Centers. Approximately two hundred and fifty 3 and 4 year old children who are currently receiving services at the expense of DSHS will be affected. Local school districts are encouraged to pay particular attention to this age group as plans for serving the preschool handicapped population are formulated for the next school year.

In an effort to ease the transition of 3 and 4 year olds and assure that a minimum of program disruption occurs, OSPI, with data supplied by DSHS, will provide directors of special education in affected areas with information regarding the numbers and locations of children who will be in need of a public school preschool program next year. Although public school services to 3 and 4 year old handicapped children are not mandated, you are encouraged to exercise your option to request funds from this office to serve these children either through a district operated program or a contract with an approved Early Childhood Developmental Center. Those districts which choose to establish or expand preschool programs may request technical assistance from this office.

We hope that every effort will be made to assure that 3 and 4 year old children currently enrolled in Developmental Center programs as well as unserved children will be accommodated by local school districts.

This agreement and other issues relating to preschool services and funding will be dicussed at future ESD meetings.

Inquiries regarding this agreement can also be addressed to Linda (Johansen) Espinosa, Coordinator of Early Childhood Education, Division of Special Services, OSPI.

DIVISION OF SPECIAL SERVICES

Michael G. Warden
Assistant Superintendent

Wm. J. Hulten, Director
Special and Institutional Education

FBB:aek
Enclosure

STATE OF WASHINGTON

Dixy Lee Ray
Governor

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia, Washington 98504
OB 42-C

January 8, 1979

TO: Chairpersons, County Administrative Services Board
Directors, Early Childhood Developmental Centers
Regional DD Case Services Supervisors
Local School District Superintendents
Local School District Special Education Directors

FROM: Robert D. [redacted], Director
Division of Developmental Disabilities

SUBJECT: OSPI/DSHS AGREEMENT

Attached is a copy of the referenced agreement. We are providing it because the content of the agreement will impact your planning process.

The agreement clarifies which state agency will fund specific services to persons who are developmentally disabled. It correlates these funding abilities to the age of the persons involved.

Of particular note is the date September 1, 1979. Effective that date, the Division of Developmental Disabilities will not fund most services to children ages three and four who are developmentally disabled. (There may be exceptions to this dependent on individual circumstances, such as respite care; specific resource therapies during non-school months, etc.)

It is the intent of this agreement to encourage local education agencies (via 100% funding from the state education agency) to provide pre-school special education and related services to this group of children. The Division will intensify its efforts to fund infant programs for eligible children ages 0-2. We urge all parties involved to immediately begin the steps necessary to implement this agreement. Early cooperative planning should allow this transition to occur without disruption in programming.

This agreement is the result of over 15 months of extensive discussion with community and agency representatives; many re-writes; and final approval by the Secretary of the Department of Social and Health Services and the Superintendent of Public Instruction. Through efforts like this it is our hope we will eliminate duplication of services; equitably utilize existing resources; and most importantly, improve service delivery to persons who happen to be developmentally disabled.

RDQ:rb

cc: County Coordinators

OSPI/DSHS AGREEMENT

This interagency agreement between the Department of Social and Health Services, through the Division of Developmental Disabilities (hereinafter referred to as DSHS) and the Office of the Superintendent of Public Instruction (hereinafter referred to as OSPI) addresses the issue of how best to provide for the transition of services to children and youth with handicapping conditions from one state agency (DSHS) to another (OSPI) with minimum program disruption.

Clarification of respective responsibilities is largely based on the following assumptions: (1) Delivery of Special Education and Related Services to the non-institutionalized common school age population is clearly the function of local school districts over which OSPI exercises general supervision. (2) Major responsibility for services for developmentally disabled infants ages 0 through 2 years, and continued training for developmentally disabled adults who are 22 years of age and over as well as training for those who have reached their 21st birthday should be provided through DSHS.

School districts may receive state and federal funds for approved preschool programs serving handicapped children eligible under Ch. 392-171 WAC ages 3-4 years, and infants ages 0 through 2 years with certain handicapping conditions. The Federal Government, through the Preschool Incentive Grant under Public Law 94-142, is also awarding funds to the State of Washington to provide special education and related services to handicapped children ages 3 through 5 years. With this kind of fiscal support, local school districts are now in a position to consider establishing preschool programs.

Responsibility for providing services to developmentally disabled persons age 0 to 21 will be as set forth within the following age classification:

0 through 2 years — The Division of Developmental Disabilities shall be the agency responsible for providing sensory stimulation, gross motor development and improvement of receptive communication by providing a combination of home-based and center-based service.

School districts may provide special education and related services in accordance with WAC 392-171-325(3) to handicapped students in the 0 through 2 age group, provided that the handicapped student has one or more of the following conditions:

-Multiple handicap,
-Gross motor impairment,
-Sensory impairment, or
-Moderate to severe mental retardation.

3 & 4 years — OSPI, with data supplied by DDD, will identify those school districts where 3 & 4 year old developmentally disabled children are currently receiving the services of an Early Childhood Developmental Center. School districts will be

1. Normal high school graduation occurs,
2. The special education and related services goals listed in the IEP are achieved,
3. The student departs the school district before September 1, 1978.

Exceptions to the policies of this agreement may be granted by the appropriate authority of the respective agency.

This agreement may be terminated by either party, at any time, with or without reason, upon written notification to either party. The notice shall specify the date of termination.

Secretary, Department of Social and Health Services

11/30/78
Date

Superintendent, Office of Superintendent of Public Instruction

11/7/78
Date

Approved by:

Stephen J. Hosch
Assistant Attorney General

11/29/78
Date

Approved by:
AS TO FORM

Robert Patterson
Assistant Attorney General

12/9/78
Date

notified by OSPI of the number and ages of developmentally disabled children in the respective districts who will need an educational service at the expense of the public schools on or before September 1, 1979 if their educational program is to continue. OSPI will provide those districts with information, technical assistance, and consultation in an effort to establish and/or expand preschool programs to include children previously served by the Division of Developmental Disabilities through the county system.

School districts have the option of developing contractual agreements with Early Childhood Developmental Centers if this option is in the best interest of the children involved, and if Early Childhood Developmental Centers meet criteria pursuant to WAC 392-171-605, 610, 615 for approved contract services. These contractual agreements would allow OSPI to provide funds to school districts for services from Early Childhood Developmental Centers for developmentally disabled children, ages 3 and 4, who are eligible under Ch. 392-171 WAC. In this manner, those children would continue to receive services from the centers while the funding responsibilities would be transferred to OSPI.

Effective September 1, 1979, the DSHS will not fund educationally related services to children with developmental disabilities ages 3 and 4 years. DSHS will provide case management services to this group, and such other services needed by the individual or family (within fiscal limitations) which are not the responsibility of OSPI. Special Services such as home aid resources and services during the summer months may be provided by the Division of Developmental Disabilities. Special education and related services which are necessary to the attainment of the educational goals listed in the Individualized Education Program (IEP) will be the responsibility of local school districts.

5 to 21 years

Ch. 392-171 WAC defines common school age as being 5 to 21 years and specifies that local school districts have the responsibility for special education and related services for this age group. The Division of Developmental Disabilities has provided, through the county system, services to a few persons in this age category. Effective September 1, 1978, developmental center services and any special education and related services necessary to attain the goals listed in a student's IEP will not be funded by the DSHS during the normal school year.

18 to 21 years

Developmental Services, funded through the county system, may be provided to individuals within this age category during the regular school year providing at least one of the following conditions is met:

SPI **Superintendent of Public Instruction**
DR. FRANK B. BROUILLET · OLD CAPITOL BLDG., OLYMPIA, WASH. 98504

July 14, 1978

(X) Informational Only
( ) Attention Needed
( ) Due back by

BULLETIN NO: 2-78 SPECIAL SERVICES

TO: Chief School District Administrators
Directors of Special Education
Assistant Superintendents for Business and/or Business Managers

FROM: Dr. Frank B. Brouillet, State Superintendent of Public Instruction

RE: Including the Head Start Population under Chapter 392-171 WAC

After discussions with the Region X office of the Administration for Children, Youth and Families and the Seattle-King County Head Start Director, OSPI has come to recognize areas of potential cooperation in the provision of services to children with handicapping conditions, ages 3-5.

Consistent with the developments in this state, the national office of the Administration for Children, Youth and Families in combination with the Bureau of Education for the Handicapped has issued a memorandum discussing the overlapping mandates. For your information, the memorandum has been included.

This office supports the involvement of local school districts in providing educational programs and related services to preschool children with handicapping conditions. As such, preschool self-contained teachers will be fully funded as is presently provided for resource room teachers (see Division of Financial Services Bulletin No. 13-78, March 20, 1978). When a school district decides to count and provide services for 3-5 year old handicapped children, but is unable to do so because of inadequate facilities, lack of program and/or materials, several alternatives are available and are discussed briefly in this bulletin.

The school district may contract with approved non-public educational agencies such as Heat Start centers, Developmental centers, hospital programs, etc., to provide educational services for handicapped children. The attached announcement describes the processes and considerations when a local district wishes to have the preschool handicapped child's special education program provided by Heat Start.

The contract would allow the school district to count the preschool children who are enrolled in the Head Start program and eligible under WAC 392-171. Through this mechanism additional support may be provided to the Head Start program. This may be a particularly timely alternative for districts which currently lack the necessary resources to initiate a preschool handicapped program.

However, it is important for school district superintendents and special educational staff to remember that all agency contracts must comply with WAC 392-171, the rules and regulations governing the administration of Special Education in the State of Washington.

If you have any specific questions concerning this bulletin, please contact Linda Johansen (206) 753-0317.

DIVISION OF SPECIAL SERVICES

(Mrs.) MONA H. BAILEY
Acting Assistant Superintendent

Linda Johansen, Ph.D.
Early Childhood Coordinator

MHB:LJ:cp:129

July 3, 1978

TO: Head Start Grantee

RE: Coordination between Head Start and Local Education Agencies to serve Preschool age handicapped children

FROM: Frank Jones, Region X Office of Administration for Children, Youth, and Families

Developments since 1973 in federal and state supported programs has led to increased opportunities to serve preschool age children with handicapping conditions. In the State of Washington, as Head Start grantees have responded to national congressional mandates, public education has also increased the availability of educational services to these children.

Collaboration at the local level has occurred between a limited number of Head Start grantees and local school districts. School district special education programs have been a resource to Head Start in the provision of diagnostic and training services.

As the state has implemented provisions of P.L. 94-142 and House Bill 90, opportunities exist for Head Start grantees to be a contracted resource for children counted by the local school district.

This information is to provide to the State of Washington Head Start programs the suggested procedures for participating in contractual agreements with the local school districts to serve eligible handicapped children.

1. What requirements exist for Head Start participation in agreements with local school districts?

   Response:

   a) There must be at least one or more staff persons of the Head Start program currently certified to teach in the State of Washington with training and experience to serve preschool age children with handicaps.

   b) Maintain written policies which are available for review and govern the services contracted for:

      1) Scope of the service offered
      2) Admission and discharge policies
      3) Educational philosophy and methodology
      4) Care of children in emergencies

5) Clinical and administrative records
6) Personnel policies
7) Staff duties
8) Fee schedules

c) The participating Head Start programs must meet Washington State program standards as contained in WAC 392-171.

2. Are local school districts required to provide services to preschool age handicapped children?

Response:

a) Currently it is optional for local education agencies to provide services for children ages three to five. However, there are financial incentives to encourage school districts to provide such services to preschool age children with handicaps.

3. Should Head Start agencies approach local education agencies?

Response:

a) Yes. Request an opportunity to meet with the district's Director of Special Education; Be prepared to describe Head Start services delivered and available for children with handicaps and identification of additional services needed. You need to likewise ascertain if the children you are proposing to contract for are covered in the school districts child count for funding purposes.

4. Does the local school district have the authority to enter such contracts?

Response:

a) Yes, if the non-public school program is approved by the State Board of Education.

5. Who can provide additional information to assist in developing such agreements?

Response:

a) Inquiries can be made to the ACYF Regional Office, the Regional Access Project and the Office of Superintendent of Public Instruction:

Frank Jones
ACYF/HEW
Arcade Building M/S 622
1321 Second Avenue
Seattle, WA 98101
(206) 442-0838

Sam Delaney, Co-Director
ACYF/RAP
CDMRC WJ-10
University of Washington
Seattle, WA 98195
(206) 543-4011

Linda Espinosa, Ph.D.
Early Childhood Coordinator
Superintendent of Public Instruction
Old Capitol Building
Olympia, WA 98504
(206) 753-0317

LJ:cp:100

TO : Chief State School Officers
State Directors of Special Education

JUN 12 1978

Head Start Grantee and Delegate Agency Directors

FROM : Commissioner, Administration for Children, Youth and Families

RECEIVED
JUN 26 1978
SPECIAL SERVICES

Deputy Commissioner
Bureau of Education
for the Handicapped

SUBJECT: Head Start Participation in the Implementation of P.L. 94-142

In September 1975 a joint announcement was issued to Head Start grantees and State education agencies by the Office of Child Development and the Bureau of Education for the Handicapped. This announcement drew attention to the fact that both Head Start and education agencies have mandates to provide services to handicapped children. The announcement reiterated that Head Start grantees are required to provide on a statewide basis, that at least ten percent of the enrollment opportunities in Head Start be made available to handicapped children. The issuance also brought attention to the Education of the Handicapped Act (EHA) (P.L. 93-380) of 1974. Part B of the EHA required that the State Education agency submit to the U. S. Office of Education a State plan for the education of all handicapped children.

The 1975 OCD/BEH joint announcement urged Head Start personnel and State education agencies to collaborate in planning for and serving the handicapped children in their jurisdictions.

Since that joint announcement was issued P.L. 94-142, the Education of all Handicapped Children Act, was enacted. This legislation requires that the States insure that a free appropriate public education be made available to all handicapped children within specified ages and timelines. The State is further required to identify, locate and evaluate all handicapped children and to develop individualized plans for the education and placement of these children in the least restrictive environment possible. State education agencies are now developing their annual program plans for submission to the Office of Education. These plans must describe how the State will insure the provision of a free appropriate public education to all handicapped children from

three to eighteen years of age (ages 3,4, and 5 are exempted if it would be inconsistent with State law, or practice or court order).

Last year Project Head Start enrolled over 36,000 children professionally diagnosed as handicapped in preschool programs. This figure represents 13 percent of the total Head Start enrollment. In order that children participating in Head Start programs may fully realize their potential and benefit from a continuing education and related service, it is imperative that Head Start grantees and delegate agencies and State or local education agencies work closely together. Head Start personnel are therefore urged to work with their Resource Access Projects (RAPs) to insure that State or local education agency representatives are aware of the number of children diagnosed as handicapped within their jurisdictions. It is also important that Head Start personnel become familiar with the implications of P.L. 94-142 in order that they may make the maximum assistance available to the handicapped child and her family.

- Cooperation between State and local education agencies and Head Start is a priority effort of both the Bureau of Education for the Handicapped (BEH) and the Administration for Children, Youth and Families (ACYF) in order to assure handicapped individuals of full opportunities under their respective programs. In support of this priority the ACYF/BEH have supported Resource Access Projects which are mandated to assist the Head Start projects and State or local education agencies in developing cooperative activities. For additional information regarding State plans for the implementation of P.L. 94-142 Head Start personnel should contact their Resource Access Project.

State or local education personnel should contact the appropriate Resource Access Project (See Attachment) to determine how they can involve Head Start in their efforts to provide all handicapped children with a free appropriate public education and to develop cooperative arrangements for outreach and recruitment activities between local education agencies and Head Start grantees.

This joint memorandum represents an initial policy statement by both agencies and a commitment by both agencies to assist Head

Start grantees and education agencies in resolving policy issues and developing cooperative service agreements for the provision of services to handicapped children. You are invited to write or call us for clarification of issues or to bring problems to our attention which are, in your belief, not susceptible to resolution at the State or local level. For Federal assistance please contact:

Robert E. Meneson Walling
Office of the Deputy Commissioner
Bureau of Education for the Handicapped
Room 4030 Maryland Avenue, S.W.
Washington, D. C. 20202

Pamela A. Coughlin
Administration for Children,
Youth and Families
Head Start Bureau
P.O. Box 1182
Washington, D. C. 20013

Blandina Cardenas
Dr. Blandina Cardenas

Edwin W. Martin
Dr. Edwin W. Martin

APPENDIX V

Childfind Update

Update on Childfind

Frank B. Brouillet, Superintendent
Judy Schrag, Assistant Superintendent,
Division of Special Services

INTRODUCTION

This document was developed to serve as an addendum to the child find manual distributed during the Fall of 1979. Included are the results of a childfind study that has been conducted by the Office of Superintendent of Public Instruction and recommended procedures and practices for childfind. The following individuals contributed their time and expertise to this project:

Dr. Eugene Edgar	Dept. of Special Education University of Washington
Dr. Linda Espinosa	Early Childhood Coordinator Office of Superintendent of Public Instruction
Marsha Shearer	Project Search Director ESD #121

Update on Child Find
September, 1980

There have been a number of effective child find activities that have been developed or refined during this past year. This update will provide a brief report on these activities as well as guidelines for LEA personnel on how to implement these activities. As with all child find activities LEA Personnel have to decide which activities best suit their district's needs. Probably no one district will choose to use all these procedures.

Data Analysis Procedures

During the past year a child find data analysis procedure has been developed by personnel from the University of Washington and the Division of Special Services of OSPI. Briefly, the identified handicapped population of the school district is recorded by handicapping condition and age (see chart I). The total LEA school age population by grade level is recorded. Chart I has the target percentage per category that sums to the 12% figures used by the Office of Special Education (formerly Bureau of Education for the Handicapped). Estimate the preschool total LEA population by using grade 1 figures (i.e., if there are 832 children in grade 1, estimate 800 four year olds). By summing across age (grade) levels you will be able to determine how close you are to serving the estimated percentage by grade (and handicapping condition). This data should assist you in determining at what age level to put your child find efforts. By summing by category you should be able to esatimate if you need to concentrate your child find efforts on a specific type of disability. If your district contracts children out or in (i.e., hearing impaired go to a co-op program outside of the district or another district sends multiply handicapped children to your district) add or subtract these numbers as indicated. This rough data analysis should help a district analyze the effectiveness of their current child find procedures and determine where to concentrate their efforts.

From an analysis of eight (8) Washington state districts, three (3) Idaho districts, and one (1) Texas district we have been able to identify several trends which should provide additional assistance to districts in their data analysis. We would like to briefly describe some of these trends so as to assist districts in determing what their data indicate. We will discuss the issues of age related disabilities, cross category contamination, communication delay, and some preliminary estimates of actual percentages of handicapped children.

Age. Many of the handicapping conditions are closely associated with age. For example, there are a number of handicapping conditions that DO NOT vary by age. These are: Orthopedic Handicaps, Health Impaired, Moderate Retardation, Severe/Profound Retardation, Multi handicapped, Neurologically Handicapped (Cerebral Palsy), Hearing Impairments, Partially Sighted, Blind. These conditions, while susceptible to educational interventions are seldom, if ever, ameloriated. Therefore a district should expect a stable percentage of these types of children across all age levels.

On the other hand there are a number of handicapping conditions that are directly age related: Communication Disorders, Learning Disability, Mild Retardation, and to a degree Behavior Disorders. Communication disorders are most

common in grades one through four. There may be a considerable number at the preschool and kindergrten level but by grade six there should be very few communication disordered children.

Due to our definitions, learning disabilities are difficult to identify prior to grades 2 or 3. There also appears to be a consistent drop off of the number of LD children after grade nine. This could be due to a number of factors; our techniques work and the children return to regular classes and are no longer identified as handicapped; chemical changes of the body during puberty allow the LD child to learn in adolescence; we have few secondary programs and therefore the LD student is thrown back into the mainstream without help; the adolescent LD child is classified something else (BD?); the LD student drops out of school. For whatever reasons, there is a dramatic decrease in the percentage of learning disabled children at the secondary level.

Cross Category Contamination: One noteworthy characteristic of the data we analyzed was the wide variance in the percentage of various handicapping conditions. Some districts reported up to 2.2 percent of their children as Behavior Disordered while other districts less than .5%. When analyzed by age (i.e., comparison of all districts by handicapping conditions and age level) there were discrepancies of up to four percentage points between districts. We found these discrepancies across districts, ages, and handicapping conditions. There appeared to be no pattern to these discrepancies until we collapsed categories. The fact that there is flexibility in our definitions of handicapping conditions allows individual districts to clasify children into one or another category. We guess that this is done for various reasons, e.g., biases of the tester, existence of programs, better funding for one category or another, etc. Regardless, our categories are not independent of one another. This is especially true when across state comparisons are made. Therefore, we collapsed all handicapping conditions into four categories; Mild (LD, BD, Mild MR); Severe (Ortho, Health, Mod. MR, Sev. MR, Multi Handi, Neuro); Sensory (Hearing Impaired, Partially Sighted, Blind); Communication Disorders. Collapsing these data across all districts and plotting the data by age, resulted in far less variance between school districts. Thus, any individual district should carefully examine their classification policies and perhaps even collapse categories as indicated above in order to determine if they are serving all possible handicapped children.

Communication Disorders. The single greatest variance between school districts and in fact between states, is the percentage of children served identified as communication disordered. These children have no other handicapping condition other than their communcation disorder. Our data (from 1979-80) indicates that districts in Washington are not serving large numbers of communication disordered children. (1.8 percent is the highest in Washington, whereas the Idaho districts served 2.6-2.8 percent). Two districts in Washington were serving less than .59%. This issue has been discussed at length in a recent doctoral dissertation by Charlene Behrns at the University of Washington. The final analysis seems to be that districts use their Communication Disorder Specialists to serve children with other handicapping conditions and not those children who only have communication disorders.

Best Guess Percentges. Given all the data we have analyzed, the following is our best guess for percentages of handicapped children likely to be served. These figures may vary somewhat within individual districts. Some districts may have more children due to families moving to those districts that have outstanding programs. Districts that serve a high percentage of disadvantaged populations may also have higher percentages. Rural district may have lower percentages due to families moving to urban areas and the likelihood of not having any of the low incidence conditions due to small population size. Each district will have to determine if any of these special conditions apply to them.

Severe Conditions (Orthopedically Handicapped, Health Impaired, Moderate Reatrdation, Severe/Profound Retardation, Multiply Handicapped, Neurologically Impaired) - .6 - 1.0% across all age categories.

Sensory Conditions (Partially Sighted, Blind, Hearing Impaired) .1% across all age categories.

Note urban districts have a higher percentage of sensory impaired children, perhaps as high as .8%. This is probably due to families moving to urban areas in search of services. Conversely this category is most likely to be lower in rural areas.

Communication Disorders. A total of 2 to 2.5% of the total school age population is not an unrealistic number. Remember, these children are predominantly found in grades 1-4 and therefore at those age levels the percentages may be as high as 4-5%.

Mild (BD, LD. Mild MR) This is the most variable group and is also age specific. A reasonable percentage is 5% for the total school age population. Again, the elementary grades will have the highest percentage, sometimes as high as 6-7%.

Summing these percentages, our best guess for a typical district is 7.7-8.6% of the total school age population can expect to be classified as handicapped at any given time.

What We Know About Locating Unserved Children

The following information is summarized from four years of careful study by the Dallas Independent School District of how best to locate handcapped children. The Dallas district engaged in systematic child find activities from 1975 through 1979 and carefully evaluated the effects of these efforts. What is especially notable is that these activities began in 1975, that a wide range of activities were tried, and that detailed data were maintained so that the most effective procedures could be retained and less effective procedures eliminated. These data have been nicely summarized in a final report (Gilham-Carpenter, Turner, & Macy, 1978).

The Dallas procedures included: print media campaigns, TV-radio campaigns, use of a 24 hour hotline, formal agency contacts, regular educator awareness, and house to house canvasing. The Dallas system serves some 130,000 school aged

children. Preschool education for handicapped children ages 3-5 is mandated and there is a federally funded birth to 3 handicapped program. There has been a recent merger of mental health-mental retardation programs into the public school. This is roughly analogous to our relationship with the Division of Developmental Disabilities (DD Centers).

Print Media Campaigns. There were three basic techniques explored which used traditional print media; newspaper articles, posters, and bumper stickers. The newspaper articles and bumper stickers resulted in very few referrals. On the other hand, the posters resulted in some 10% of the total referrals, a very substantial number. Of special note was the need to use key words on the posters. For example, the word handicapped is translated to physical handicap for a large number of people. School problems, trouble leaning, and disability are words that add breadth to the media effort. Print media should convey the message that all types of handicapping conditions are included. Also, the posters must include a method of getting in touch with appropriate people if a problem is suspected (hotline number).

TV-Radio Campaigns. Spot advertisements in TV and radio did not produce a substantial number of referrals.

Twenty-four Hour Hotline. The hotline, staffed during the day and using a recording at night proved indeispensible. This allowed referrals from all sources to be logged and followed up.

Formal Agency Contacts. Personal contacts were made with all agencies that typically came in contact with handicapped children and their families. These included public health agencies, welfare agencies, diagnostic centers, developmental disability centers. Each personal contact also included a printed brochure on types of handicapping conditions, services offered by the schools, and the hotline telephone number. Data indicate that frequent telephone contacts (quarterly) greatly increased the referral rate of those agencies. This contact serves as a reminder and also alerts new staff. Staff turnover at these agencies tends to be high and repeated contact is important for this reason.

Regular Educator Awareness. All public school staff received written materials on the types of children served by special education, the services offered by special education, and how to make referrals. In Dallas the regular school staff were encouraged to use the hotline number to make referrals.

House to House Canvas. Two separate sections of the Dallas district were targeted for a house to house canvas. Each house in the target area was visited. If personal contact was not made a brochure was left at the door. The personal message and written materials reviewed the types of children served by special education. Very few children were located using this method.

Summary of Dallas Child Find Activities

Year	Total Number of Referrals
1975-76	106
1976-77	226
1977-78	254
1978-79	187

Seventy-five percent (75%) were at or below the elementary level (50% ages 3-5).

1978-79	Breakdown
0-2	46
3-5	105
6-12	26
13-18	10
+ 19	0

Where the referrals came from

Agencies	45%
School Personnel	26%
Print Media	10%

From these experiences, the following recommendations have been made by the Dallas personnel.

1. organize an interagency task force to oversee child find efforts
2. define referral procedures
3. develop a protocal for handling telephone contacts
4. make regular visits to human service agencies
5. offer a 24 hour telephone service
6. use print media (posters) in community locations
7. have screening/assessment/placement procedures in order
8. keep time lag from referral to placement as short as possible

Screening Activities in the State of Washington

There has been a number of formal screening activities in Washington State this year. Project FIND, coordinated by Marsha Shearer at ESD 121 has resulted in well over 1000 children being screened. Predominately these were preschool aged children. Some of the screening was done in cooperation with other agencies (especially Day Care and Head Start). Some of the round-ups were held in conjunction with kindergarten registration.

ESD #121 Child Find Activities during 1979-80.

Since most severely handicapped children of all ages have already been identified, frequent and ongoing district contact with physicians, clinics and private agencies will generally be sufficient to obtain this type of referrals.

It is the less obviously handicapped preschool population, however, that districts need to identify. The most effective method for finding these children has been through developmental screening clinics which have been conducted in school districts throughout ESD #121.

Task Force

Most districts developed a Child Find Task Force made up of district personnel (Child Find Cocrdinator, CDS, OT/PT, kindergarten teacher, psychologist) and community representatives (private day care, public health nurse, DD program coordinator, Head Start representative, parents). This approach has several advantages. First, the child find Coordinator can rely on a cadre of interested and committed people to share the responsibility for planning and implementing activities. Second, community involvement will bring valuable community resources to the child find effort. Third, each person who serves on the task force represents a constituancy that will be directly affected by the child find effort; representation on the committee assures that their veiws will be heard and their expertise tapped. Fourth, the cooperation of people representing community agencies is more likely if they have participated in the planning efforts.

The initial task force meeting provides members with an overview of child find legal requirements and a review of the district's past activities. A program plan for the year is then developed, with ad hoc committees carrying out activities defined by the task force.

Screening

Once a decision is made to sponsor a developmental screening clinic, the next step is to decide whether to restrict screening to a particular age group, geographical area or population, children with suspected problems, etc. These decisions will affect the content and extent of publicity, screening locations(s) and instrument selection. Generally, the more restrictive the criteria, the fewer children screened, although those screened will result in a high percentage of children eligible for service. The one major disadvantage in restricting the population is that many children with problems or potential problems may remain unidentified. Parents or referring agencies such as Head Start may not be knowledgeable about behavioral or developmental indicators of problems; agencies may hesitate to refer for fear of labeling or singling out a few children for screening. If developmental screening is open to every preschool child in the community, the community is much more likely to actively respond. Parents who may suspect there is a problem or who have questions about their child's development are much more likely to bring their child in for screening if that concern does not have to be verbalized or otherwise identified prior to the screening itself. A less restrictive developmental screening also tends to result in more community awareness, newspaper articles, flyers going home with school age children, brochures sent to boxholders, posters displayed in grocery stores and laundromats and direct contact with health practitioners and other service providers have been typical

methods for providing community awareness. Some districts have opted to screen selected populations; the content and distribution of publicity is then designed to reflect these district priorities.

Another method of involving the community in child find is to use volunteers as screeners. Many districts have trained PTSA members and spouses of school board members to administer screening instruments; district staff conduct the initial entry and exit interviews and assist at various screening stations as needed.

Developmental screening, as one component of a district's child find activities, can be provided at minimal cost. Screening instruments can be borrowed from the ESD or from other districts. Volunteers from the community can provide some of the needed staff; the local high school can print the awareness materials or printers may donate their labor and materials as a community service. The more the community becomes involved, the more likely it is that child find will become a community effort, not just a district responsibility.

During this past year, 18 districts in ESD #121 conducted developmental screening clinics. At least two districts (Tacoma and Franklin Pierce) offer this service to their communities on a monthly basis. Approximately 2,300 preschool children were screened this past year; 140 or 6% were made a focus of concern. Most of the assessments have been completed and, with very few exceptions, these children are eligible to receive special education. As important, districts identified children with chronic ear infections and other medical problems that could be corrected. Parents were referred to local clinics and nurses provided follow-up to assure services were provided. Children experiencing minor developmental delays were either rescreened or referred to preschool co-ops, Head Start, nursery schools or other appropriate community programs. Parental concerns and questions were answered.

Benefits

Without exception, all districts reported that the effort was worthwhile; children eligible for special services were identified, agencies serving preschool children began communicating common interests and concerns, cooperative interaction between agencies assured a continuing dialogue, the general community became more aware of both normal development and potential developmental problems and parents experienced positive caring concern from local district personnel.

Finally, developmental screening clinics appear to be the most cost effective and efficient method for early identification of young handicapped children.

Summary Recommendations

I Analyze your district

a) Fill in demographic chart in order to determine who you are currently serving.
b) Review population trends in your district.
c) Stop, use some logic, and ask yourself "Where do we seem to be falling short in serving handicapped children?"

II Refine in School Referral Procedures

a) Do regular educators know how to make referrals?
b) Is this system efficient? Are there referrals? Can a teacher make a referral without undue hassle, without embarassment?
c) Is there a quick turn around on referrals?
d) Do you have building meetings or other formal times when referrals can be made on a frequent basis?
e) Are retentions reviewed on a regular basis?
f) Think about your secondary programs and the percentages of children being served. Are you satisfied that all secondary age children with handicaps are being served?
g) Are you screening for school age communication disordered children?

III Preschool Procedures

a) For the 1% severe the most efficient manner of locating these children in through formal agency contact. Get to know the staff at DD centers, public health agencies, diagnostic centers, as well as private primary care physicians. Most of these children ARE already identified by an agency. Remember - frequent contact is necessary.
b) For mildly involved children the most efficient procedure is formal screening. Contact Marsha Shearer (ESD #121) for guidelines. Also, formal contact with Head Start and Title XX Day Care programs is useful.
c) Awareness campaigns - posters in local business establishments using a wide range of descriptions for handicapped (in need of special services, learning problems, etc.) Be sure there is a contact number on the poster.
d) Use logic to try to determine where, given your population unidentified handicapped children might be located.